

# Public Service Interpreters: The Emotional and Psychological Impact of Interpreting within Public Service Settings

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Thesis submitted in partial fulfilment of the requirement for the degree of D.Clin.Psy. at Cardiff University and the South Wales Doctoral Programme in Clinical Psychology


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# Abstract

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Professionals working within public services can experience emotional and psychological effects of working with people who are emotionally distressed, such as vicarious trauma and vicarious posttraumatic growth. Public service interpreters play a vital role in helping these professionals communicate effectively with people who are limited in their proficiency of the English language. However, limited research has been conducted into the emotional and psychological impact of public service interpreting in the UK. The aim of this study is to address this gap in the literature through gaining further understanding of the emotional and psychological effects of interpreting within public services using a constructivist grounded theory approach.

Ten spoken-language interpreters, recruited through public service interpreting courses in south Wales, engaged in semi-structured interviews about their emotional and psychological experiences while interpreting in public service settings. Five themes were identified, relating to the nature of '*Public services*'; participants' '*Relationships with clients*'; the '*Emotional experience*'; '*Psychological changes*' and '*Coping*'. Participants' experiences were characterised by the short-term experience of distressing emotions, such as anger and sadness, and longer-term psychological changes related to personal growth. The separation of personal and professional boundaries appeared to be a core mediating factor of the emotional and psychological impact of public service interpreting.

These findings are discussed in relation to existing literature about the emotional and psychological impact of working with people who are emotionally distressed. The clinical and service delivery implications of this study's findings include the need for the establishment of formal support systems for public service interpreters and the need for professionals working alongside interpreters to be trained to work with them. Recommendations for future research are also discussed.

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# Chapter One: Introduction

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## **1.1. CHAPTER OVERVIEW**

This chapter presents an overview of literature relevant to the emotional and psychological impact of public service interpreting. The context of public service interpreting within the UK is first explored. This is followed by a review of literature pertaining to the effects of working within public services for public service professionals. The theoretical concepts developed to describe these effects are also discussed. Previous studies exploring the emotional and psychological effects of public service interpreting are then presented within a systematic literature review. Finally, the aims of the current study are discussed within the context of this existing literature.

## **1.2. WHY STUDY PUBLIC SERVICE INTERPRETERS?**

There is an increasing immigrant population residing in the UK, with net long-term migration up to 318,000 people in 2014, a statistically significant increase when compared to 2013 figures (Office for National Statistics, 2015a). The most recent census (Office for National Statistics, 2011) revealed that 7.7% of the population of England and Wales did not speak English as their first language (4,153,266 people). These statistics do not include people living in Wales who indicated that Welsh was their first language. Of this population, 863,150 people either could not speak English well, or not at all. In Wales, this represented 19,305 people. Eighty-eight languages were represented within this data, the most popular languages being Polish, Panjabi, Urdu, Bengali and Gujarati. Further analysis revealed that of the 853,150 people who were not proficient in English, 300,000 described themselves as having fair, bad or very bad physical health (Office for National Statistics, 2013). Additionally, asylum seekers and refugees have been shown to have significant mental health (Fazel *et al.*, 2005), social care (Kohli, 2006) and housing needs

(Phillips, 2006). This suggests that a significant proportion of the non-English speaking population requires interpreter services in at least one branch of public services.

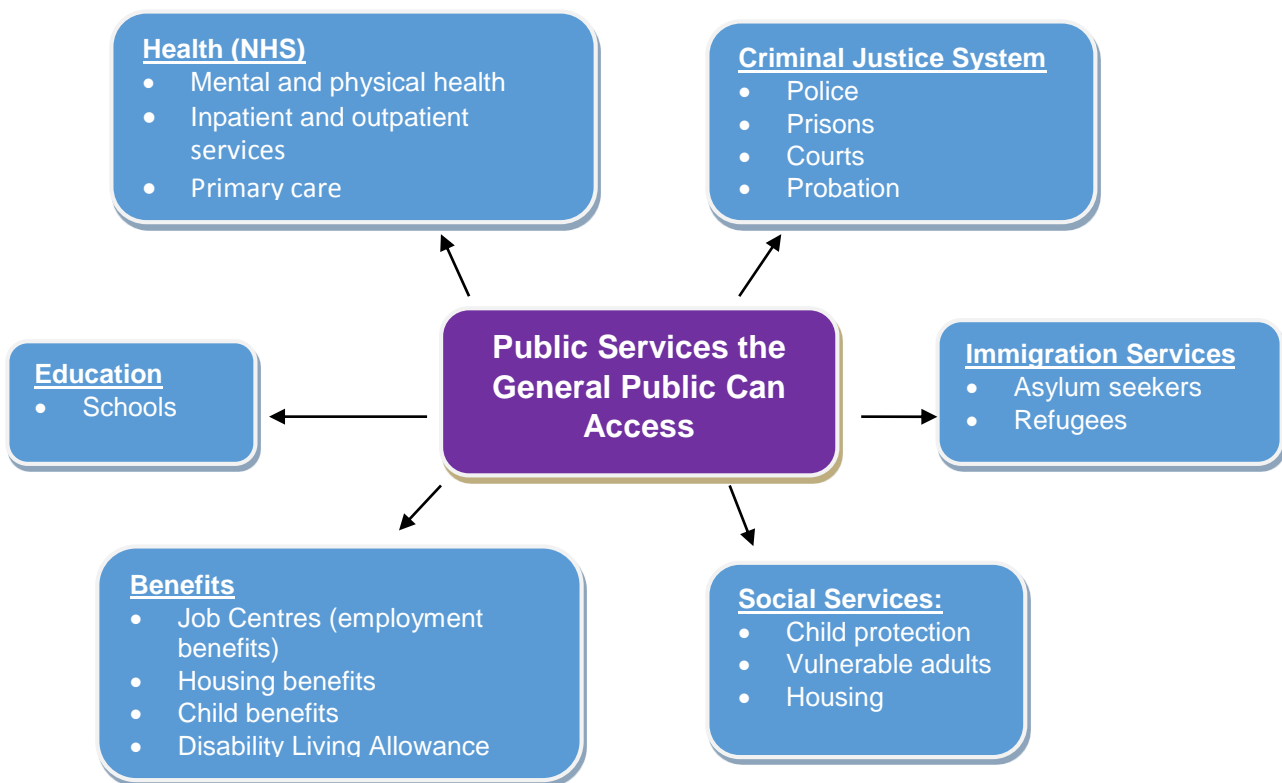
Government legislation emphasises the equal rights of citizens within the UK, through stipulating that service providers should prevent discrimination through ensuring effective communication with non-English speakers (e.g. NHS and Community Care Act, 1990; Race Relations (Amendment) Act, 2000; Human Rights Act, 1998). The Equality Act (2010) includes race as a protected characteristic, which is defined as colour, nationality, or ethnic or national origin. Therefore public services have a legal requirement to prevent discrimination against people who do not speak English as their first language. Public services in Wales have specific statutory duties in relation to this, including training staff on each protected characteristic and the provision of annual reports on how they meet the Equality Act standards (Equality Act 2010 (Statutory Duties) (Wales) Regulations, 2011). Public service interpreters are therefore likely to be requested when non-English speakers access public services. However, whereas there is a legal requirement for public service providers to provide interpreters for British Sign Language users due to the Disability Discrimination Act (2005), no such requirements exist for spoken language speakers. This has resulted in a lack of standards and training for spoken language interpreters working within public services, despite them being exposed to the same situations as the public service professionals they work alongside (e.g. Townsley, 2007).

The context in which public service interpreters work within the UK is discussed in further detail in Section 1.5. As discussed throughout the remainder of this chapter, the impact of working within public services has been researched extensively for professionals employed by these services (e.g. Beck, 2011; Cieslak *et al.*, 2013). However, there is limited research into such effects in public service interpreters. The current study aims to contribute to the little research that has been conducted within this arena.

### 1.3. PUBLIC SERVICES

The Office for National Statistics (2015b) defines the public sector as consisting of central government, local government and public body agencies. Public services are provided by these agencies and are designed to improve the economic, social and environmental wellbeing of the general public (Public Services (Social Value) Act, 2012). They therefore have a wide remit, ranging across health (NHS), education, immigration, criminal justice, housing and social care, as detailed in Figure 1.1.

**Figure 1.1. Public Services Available to People Residing in the UK**



As described in Section 1.2, legislation exists to ensure that people living within the UK receive equal access to public services (e.g. Equality Act, 2010). Ethical standards to which public services and those employed within these should strive to attain include selflessness, integrity, objectivity, accountability, openness, honesty and leadership (Committee on Standards in Public Life, 2014).

## **1.4. THE EMOTIONAL AND PSYCHOLOGICAL IMPACT OF WORKING WITHIN PUBLIC SERVICES**

Due to the wide remit of public services, there is a diverse population of public service employees who work with the general public. These can include doctors, nurses, social workers, policemen, solicitors, barristers, judges and psychological therapists. The nature of public services means that professionals working within them are vulnerable to both directly experiencing trauma themselves and being exposed to trauma through listening to accounts of difficult experiences users of public services may encounter. For the purposes of this research, the terms “trauma” and “traumatic” are used throughout the remainder of this thesis to describe experiences resulting in significant emotional and psychological distress to a person, rather than a formal definition of trauma such as that used for the purposes of diagnosis of post-traumatic stress disorder by the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM-5; American Psychiatric Association, 2013) and the International Classification of Diseases (ICD-10; World Health Organisation, 1992).

When faced with traumatic situations, an individual’s fundamental assumptions about themselves, the world and others are challenged (Janoff-Bulman, 1992). These assumptions provide a person with a sense of security and safety through acting as working models that allow them to predict future outcomes and plan accordingly (e.g. Bowlby, 1969). In particular, Janoff-Bulman (1992) proposes that assumptions of the world being benevolent and meaningful, and the self as worthy, are challenged when traumatic events occur for which a person is not psychologically prepared due to their out-of-the-ordinary nature. Janoff-Bulman refers to this challenge as a 'shattering' of assumptions, causing an individual to experience the world as unfamiliar and threatening and resulting in the individual feeling extremely vulnerable and unsafe. A potential consequence of experiencing trauma is the development of post-traumatic stress disorder, which includes the experience of difficulties such as nightmares, intrusive memories, avoidance of reminders of the trauma, concentration difficulties and negative changes in thoughts about self and the world (American Psychiatric Association, 2013). Several authors have hypothesised that the experience of trauma can result in no change, negative change or positive change to assumptions held by an individual (e.g. Joseph & Linley, 2005). Therefore, there is a

potential for posttraumatic growth to occur after an individual has experienced a traumatic event due to positive changes to schemas (e.g. Tedeschi & Calhoun, 1996). This is discussed further in Section 1.4.1.2.1.

There has been extensive research into the emotional and psychological effects of listening to accounts of trauma with public service professionals since the 1980s, when it was recognised that working with people experiencing difficult emotions could have a negative effect on a helping professional (see Newell *et al.*, 2015 for a chronological review). Literature pertaining to the different theoretical frameworks that have stemmed from this research is discussed below. The terms describing these frameworks have been used interchangeably in studies exploring these phenomena (Newell *et al.*, 2015). Therefore, these studies are discussed separately, in Section 1.4.2.

### **1.4.1. THEORETICAL CONCEPTS**

#### **1.4.1.1. Negative Emotional and Psychological Effects of Working with People Who Have Experienced Trauma**

The research literature suggests that professionals who work with people who have experienced trauma can experience negative emotional and psychological effects of this work (e.g. McCann & Pearlman, 1990; Figley, 2002). Several theoretical concepts have been developed to explain the changes in cognitions, emotions and behaviours that can occur in professionals in 'helping' services. These difficulties may eventually result in absenteeism from work and a reduction in the quality of service provided (Figley, 1999).

##### ***1.4.1.1.1. Vicarious Trauma***

'Vicarious trauma' is the term used to describe a cumulative effect of working with clients who have experienced trauma (e.g. McCann & Pearlman, 1990). Changes that can occur within the professional can include an increase in negative emotions, such as anger and sadness, and cognitions about themselves, the world, safety, trust and spiritual beliefs (Pearlman, 1998).

Constructivist self-development theory has been utilised to understand the experience of vicarious trauma (McCann & Pearlman, 1990). This theory postulates that schemas reflecting beliefs and expectations about self, others and the world are developed in individuals through socialisation processes. These influence interpretations of events and experiences. The experience of trauma can affect schemas relating to safety, trust, power, intimacy and control as it can challenge assumptions that the world is a secure and safe place (McCann & Pearlman, 1990; Janoff-Bulman, 1992). Professionals working with people who have experienced trauma therefore experience similar changes to their schemas through repeated exposure to accounts of trauma from service-users and empathic engagement with these (McCann & Pearlman, 1990). This negative change can cause distress and hyper-sensitivity to information that reinforces these new schemas. It has been postulated that vicarious trauma can affect a professional's ability to care for both themselves and their clients if it is unnoticed (Rothschild & Rand, 2006).

#### ***1.4.1.1.2. Secondary Traumatic Stress***

'Secondary traumatic stress' is defined as '*natural and consequential behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other (or client) and the stress resulting from helping or wanting to help a traumatized or suffering person*' (Figley, 1995, p.7).

Whereas vicarious trauma focuses on the cognitive changes that can occur as a result of working with clients who have experienced trauma, secondary traumatic stress emphasises behavioural changes. These are thought to reflect the difficulties experienced by people with a diagnosis of post-traumatic stress disorder, including intrusive thoughts; traumatic memories or nightmares about client trauma; insomnia; avoidance of clients and hypervigilance to reminders of client trauma (Bride, 2007).

#### ***1.4.1.1.3. Burnout***

'Burnout' refers to the experience of emotional and psychological exhaustion as a consequence of professional work (Maslach, 1982). As well as emotional exhaustion, the professional can experience depersonalisation, as indicated by a cynical view about the clients they work with, and a decrease in sense of personal

achievement (Maslach, 1982). The experience of burnout is not thought to be specific to professionals working with people who have experienced trauma, but the single largest risk factor is hypothesised to be working within human services where there is a requirement to develop empathic relationships with clients and repress or express emotions on a frequent basis (Maslach *et al.*, 2001). Therefore this experience is very relevant to people working within public services. Several factors can contribute to the development of burnout, including organisational and individual factors, in addition to the nature of clients with whom the professional engages (Maslach, 2003).

#### ***1.4.1.1.4. Compassion Fatigue***

‘Compassion fatigue’ is a term used to describe a professional’s decrease in capacity or interest in developing an empathic relationship with clients who are suffering in some way (Stamm, 2005). It is thought to be a combination of burnout and secondary traumatic stress symptoms (Adams *et al.*, 2006). Sabo (2011) suggests that compassion fatigue may be a precursor to vicarious trauma.

#### **1.4.1.2. Positive Effects of Working with People Who Have Experienced Trauma**

Research into the positive effects of working with people who have experienced trauma is relatively recent (Newell *et al.*, 2015). Three terms have been used in the literature to conceptualise the positive changes that can occur as a result of this work: ‘vicarious posttraumatic growth’ (Arnold *et al.*, 2005), ‘vicarious resilience’ (Hernandez *et al.*, 2007) and ‘compassion satisfaction’ (Stamm, 2005).

##### ***1.4.1.2.1. Vicarious Posttraumatic Growth***

Posttraumatic growth refers to the positive psychological changes an individual can experience as a consequence of encountering traumatic situations that challenge their pre-existing schemas and ways of understanding the world (Calhoun & Tedeschi, 1998). This positive change occurs concurrently with the negative emotional experience of trauma and represents a qualitative change in functioning after a traumatic experience (Tedeschi & Calhoun, 2004a). According to Tedeschi and Calhoun (1996), this change in functioning can occur in five domains: greater



appreciation for life and change in priorities; warmer relationships with others; personal strength; recognition of new possibilities in life and spiritual development. 'Vicarious posttraumatic growth' is the term used to describe these changes in people who work with people who have experienced trauma (e.g. Arnold *et al.*, 2005).

#### ***1.4.1.2.2. Vicarious Resilience***

A similar concept to vicarious posttraumatic growth that has been explored in professionals working with people who have experienced trauma is that of 'vicarious resilience' (e.g. Hernandez *et al.*, 2007). Hernandez *et al.* (2010) define vicarious resilience as the positive changes that can occur within a therapist's cognitions and inner experiences as a consequence of exposure to a client's resilience in the face of traumatic situations. Engstrom *et al.* (2008) argue that this is a different concept to posttraumatic growth as it does not represent an improvement in functioning, but instead describes the positive effects that can occur when a therapist is exposed to resilience within a client.

#### ***1.4.1.2.3. Compassion Satisfaction***

'Compassion satisfaction' refers to rewards and fulfilment that professionals working with people in distress can experience (Stamm, 2005). This can include a sense of satisfaction from helping the community, enjoying interactions with colleagues and clients and a sense of achievement stemming from helping clients (Figley, 2002). Stamm (2002) suggests that compassion satisfaction can counteract the development of compassion fatigue.

#### ***1.4.1.3. The Role of Empathy***

The role of empathy is a common theme in all of the theoretical concepts described in the previous section. All theories suggest that the development of an empathic relationship with clients, whereby the emotions the client presents with are shared and understood by the professional, is a key factor in the development of positive and negative emotional and psychological changes. The use of empathy is a requirement unique to individuals working within the 'helping' professions (Williams,

1989). It necessitates the professional using their emotional and psychological resources on a daily basis in order to understand their clients' distress and provide appropriate support (Reynolds & Scott, 1999). The development of this empathic relationship can lead to negative effects when the professional becomes emotionally affected through this emotional connection with clients (Figley, 2002); or positive effects through the growth of empathy regulation skills (Linley, 2003) or a sense of satisfaction through empathically engaging with clients' resilience (Engstrom *et al.*, 2008).

### **1.4.2. RESEARCH FINDINGS**

Several studies have explored the presence of the theoretical concepts described above in professionals working within public services. These studies indicate that public service workers can experience both positive and negative emotional and psychological effects of their work. These effects appear to be present in a wide range of professionals such as solicitors (Vrklevski & Franklin, 2008), nurses (Beck, 2011), social workers (Michalapolous & Aparicio, 2012) and psychotherapists (Arnold *et al.*, 2005). However, it has been difficult to compare studies that have been conducted due to the fact that the terms described in Section 1.4.1 have been used interchangeably by studies (Elwood *et al.*, 2011; Newell *et al.*, 2015). The findings of reviews that have attempted to draw conclusions from the large number of individual studies that have been conducted in this area are discussed below.

#### **1.4.2.1. Research into the Negative Emotional and Psychological Impact**

Reviews of the literature exploring negative consequences of working with people who have experienced trauma have reported mixed results. This is largely due to studies using different definitions for the terms they use to describe these effects, making comparison difficult. However, some reviews have attempted to review the literature using broader definitions to counteract this.

Beck (2011) conducted a systematic review of secondary traumatic stress in nurses across several clinical specialities. Within this review, studies that used the terms 'vicarious traumatization', 'compassion fatigue', 'secondary traumatic stress', 'secondary trauma' and 'post-traumatic stress disorder' were reviewed. Seven

studies were identified that included nurses as participants in forensic, oncology, paediatrics, hospice and emergency services. Three different measures were used to assess the level of secondary traumatic stress across studies. All seven studies reported finding elevated levels of secondary traumatic stress, with rates ranging from 25% to 78% of participants. However, the authors reported that it was not possible to draw further conclusions from these studies due to small sample sizes and the use of different outcome measures. Nevertheless, the findings of this review suggest that there is a negative emotional and psychological impact for nurses working within a range of health services.

Elwood *et al.* (2011) presented a critical review of quantitative studies that described secondary traumatic stress symptoms and/or negative changes in cognitions (irrespective of the terms used within the study) in clinicians exposed vicariously to trauma. Participant populations included professionals working with sex offenders, mental health professionals, social workers and humanitarian aid workers. Elwood *et al.* (2011) concluded that the level of symptoms measured in the reviewed studies rarely reached clinically significant levels, but acknowledged that the differing assessment tools used in each study made comparison difficult. The authors concluded that there was not enough evidence to implement service-wide measures to ameliorate the impact of secondary trauma in public service professionals. However, given the fact that no description of the search process employed by the authors of this review was provided, it would appear that the review presented was narrative rather than systematic and therefore vulnerable to reference selection bias (Schmidt & Gotzsche, 2005).

Cieslak *et al.* (2013) conducted a meta-analysis into the relationship between secondary traumatic stress and burnout in professionals working with clients who had experienced trauma. Again, the term 'secondary traumatic stress' was used to describe secondary trauma symptoms, vicarious trauma and compassion fatigue. A total of 41 quantitative studies were included in the analysis, all of which assessed negative emotional and psychological effects of working within public services through the use of standardised measures. Populations represented within these studies reflected the wide range of professionals that are employed within public services, including social workers, nurses, therapists, childcare workers, paramedics,

mental health professionals, audiologists and law enforcement investigators. However, only one study was conducted in the UK. Results indicated that burnout and secondary traumatic stress are likely to co-exist among professionals working with people who have experienced trauma. The authors argue that measuring these concepts within the framework of compassion fatigue will overlook the subtleties of the differences between the two theoretical constructs. Cultural and gender differences were also found, suggesting that these could be moderating factors in the development of negative emotional and psychological phenomena.

#### **1.4.2.2. Research into the Positive Emotional and Psychological Impact**

Research into the positive emotional and psychological effects of working with clients who have experienced trauma is relatively recent (Newell *et al.*, 2015). Consequently, significantly fewer studies have been conducted, reducing the opportunity for a review to be completed. This section therefore discusses single studies as well as a meta-synthesis that reviewed qualitative studies exploring vicarious trauma and vicarious posttraumatic growth (Cohen & Collens, 2013).

Studies into vicarious posttraumatic growth have largely focused on therapists working with traumatised clients (e.g. Arnold *et al.*, 2005; Brockhouse *et al.*, 2011). In a qualitative study with interviews from 21 psychotherapists, Arnold *et al.* (2005) identified themes such as participants finding meaning in life; recognition of personal strength; a broadening and/or deepening of spiritual beliefs and a shift in approach to life, such as showing more emotion and kindness in relationships. Participants also described negative effects of their work which were experienced concurrently to the positive effects. This corroborates Tedeschi and Calhoun's (1996; 2004a) theory of posttraumatic growth as discussed in Section 1.4.1.2.1. Similar findings were reported in a study with administrative, managerial and clinical staff working with refugees who have experienced trauma and torture (Barrington & Shakespeare-Finch, 2013), suggesting that vicarious posttraumatic growth may be applicable to professions other than therapists.

Again, studies exploring vicarious resilience have focused on therapist experience, rather than experiences of other public service professionals. Hernandez *et al.*

(2007) interviewed twelve psychotherapists working with people who had experienced political violence or kidnapping. Themes identified included witnessing and reflecting on the capacity of people to recover from traumatic events, perceiving experiences with clients as sources of learning and personal changes within the therapist. Silveira & Boyer (2015) reported similar themes in their study of counsellors working with children and young people who had experienced trauma. To the author's knowledge, the concept of vicarious resilience has not been explored beyond the therapist population. Additionally the definition provided by Hernandez *et al.* (2010) explicitly describes vicarious resilience in relation to therapists.

Studies into compassion satisfaction have largely been quantitative studies utilising specific measures that assess this such as the Professional Quality of Life questionnaire (Stamm, 2010). High levels of compassion satisfaction have been reported in child protection workers (Conrad & Kellar-Guenther, 2006), trauma therapists (Craig & Sprang, 2010) and hospice workers (Alkema *et al.*, 2008). These studies also found that high levels of compassion satisfaction were associated with low levels of compassion fatigue and burnout. Additionally, Alkema *et al.* (2008) found that the use of self-care strategies was associated with reduced levels of burnout and compassion fatigue and increased levels of compassion satisfaction.

Cohen and Collens (2013) aimed to present a theoretical framework for the positive changes that can occur as a result of working with people who have experienced trauma through a metasynthesis of 20 qualitative studies exploring this. Through applying a metaethnographic method to analyse the results of these studies, Cohen and Collens concluded that professionals can experience vicarious trauma and vicarious posttraumatic growth concurrently. They proposed that the empathic engagement with clients with a trauma history resulted in changes to schemas that were either negative or positive in nature, mirroring the process described by Joseph and Linley (2005) of positive and negative accommodation of new material. However, the fact that the authors included articles within the metasynthesis regardless of methodological quality may affect the generalizability of these findings, due to the fact that the original study results may not have been appropriately triangulated, and therefore validity may be in question (Finfgeld-Connett, 2010).

#### **1.4.2.3. Relationships between Positive and Negative Effects**

The relationships between the theoretical concepts discussed so far are currently unclear in the literature (Newell *et al.*, 2015). It appears that both vicarious trauma and vicarious posttraumatic growth can be experienced concurrently by professionals working within public services (Cohen & Collens, 2013; Arnold *et al.*, 2005). However, a quantitative study exploring the relationship between secondary traumatic stress and posttraumatic growth in therapists working with people who had experienced sexual violence found that levels of posttraumatic growth moderated the experience of secondary traumatic stress (Samios *et al.*, 2012). Higher levels of posttraumatic growth were associated with lower levels of secondary traumatic stress, which corroborates studies that have indicated that the experience of compassion satisfaction appears to be associated with lower levels of negative changes as seen in burnout and compassion fatigue (e.g. Alkema *et al.*, 2008). This suggests that experiencing positive effects of working with people who have experienced trauma may serve as a protective factor against negative consequences.

#### **1.4.2.4. Risk Factors and Protective Factors**

Several studies have described factors that can affect the development of positive or negative emotional and psychological changes in professionals working with people who have experienced trauma. Contributing factors to negative changes can include gender (Cieslak *et al.*, 2013); and negative coping strategies such as distancing oneself away from clients and emotional suppression (Dyregrov & Mitchell, 1992). A further risk factor that has been identified is that of professional experience, with newly experienced professionals being more likely to experience vicarious trauma than those who have been working with people who have experienced trauma for a longer time (Lerias & Byrne, 2003). It has also been suggested that the professional having a personal history of trauma may increase vulnerability to experiencing negative changes such as vicarious trauma and secondary traumatic stress (Pearlman & Mac Ian, 1995). However, studies exploring this have not yielded consistent findings (Dunkley & Whelan, 2006).

Brockhouse *et al.* (2011) explored factors that might contribute to vicarious posttraumatic growth in 118 therapists working with people who had experienced trauma. The results of the study suggested that higher levels of empathy were a strong predictor of vicarious posttraumatic growth. However, the participant's perception of the world as coherent and meaningful was negatively associated with levels of growth. There was no association with perceived organisational support. Additionally, the findings of Cohen and Collen's (2013) metasynthesis suggested that exposure to client posttraumatic growth was essential for professionals to experience this vicariously.

These factors have particular relevance to the interpreting population as public service interpreters are less likely to have experienced working with people who have experienced trauma before embarking on their public service careers. They are also less likely to experience resilience vicariously due to the short-term nature of their assignments. In addition, they may be more likely to have experienced personal trauma if they have been refugees or asylum seekers themselves.

#### **1.4.2.5. Support Systems for Professionals**

There has been little research into the efficacy of support systems for professionals working with people who have experienced trauma in relation to the negative and positive emotional and psychological impact of this work (Newell *et al.*, 2015). However, strategies that have been suggested include organisational support such as regular supervision (Pearlman & Mac Ian, 1995) and promotion of discussion about the emotional impact of the work (Rourke, 2007). Public service interpreters are unlikely to have access to this support due to the freelance nature of their work. Self-care strategies that have been identified as potentially protective against the development of negative emotional and psychological changes include social support and engagement in leisure activities (Jordan, 2010).

#### **1.4.2.6. Summary**

Several different theoretical concepts describe the positive and negative effects of working with people who have experienced trauma. However, the multitude of terms used to describe these has led to studies using these terms interchangeably in the

literature and therefore conclusions drawn from reviews of these studies are tentative. Nevertheless, the research literature does suggest that professionals can experience both negative and positive changes in cognitions, emotions and behaviours as a result of exposure to clients' trauma. Studies would suggest that these changes can occur concurrently as a result of empathic engagement with the client (Cohen & Collens, 2013). Risk factors for experiencing phenomenon such as vicarious trauma and secondary traumatic stress include the use of negative coping strategies and professional inexperience. It is not yet clear what interventions are beneficial in preventing the development of such negative changes in professionals working with people who have experienced trauma, although suggested strategies have encompassed both organisational and self-care factors.

All of the factors discussed in this section are relevant to interpreters working alongside professionals in public services. The context in which interpreters are situated within public services will now be discussed, followed by a discussion and systematic review of literature investigating the emotional and psychological impact of public service interpreting.

## **1.5. INTERPRETERS AND PUBLIC SERVICES**

### **1.5.1. DEFINITION OF PROFESSIONAL PUBLIC SERVICE INTERPRETERS**

Public service interpreters work alongside professionals working within public services and non-English speaking service-users who access them. As discussed previously, there are no specific government policies regarding the use of public service interpreters, therefore there are no statutory regulations or professional standards that bind this professional community (e.g. Townsley, 2007). This has led to a variety of methods used by public services to communicate with non-English speakers, such as family and friends of the client, bilingual staff or individuals with no qualifications in interpreting (e.g. Gill *et al.*, 2011). The current research study focuses on the use of professional public service interpreters, a definition of which is provided in Figure 1.2.



**Figure 1.2. The Definition of a Professional Public Service Interpreter**

The definition of a professional public service interpreter (Townesley, 2007):

- 1) Possesses a recognised and nationally accredited qualification in Public Service Interpreting
- 2) Registration on a central register of professional Public Service Interpreters
- 3) Adherence to a professional code of conduct regarding professional behaviour
- 4) Recognition on the part of the practitioner that they belong to an identifiable profession

The current study will focus specifically on spoken language interpreters. As discussed previously, public services have a legal obligation to provide a sign language interpreter as stipulated by the Disability Discrimination Act (2005). Therefore sign language interpreters working within the UK are a more regulated group of professionals and have to be registered as either fully qualified or in training as sign language interpreters (Association for Sign Language Interpreting, 2015). In addition, research also suggests that sign language interpreters have different demands placed on them within an interpreting assignment, such as the physical demand of signing for a prolonged period of time which can lead to the development of musculoskeletal difficulties (Delisle *et al.*, 2007). These could contribute to the emotional and psychological impact of sign language interpreting as opposed to spoken language interpreting.

### **1.5.2. WHY ARE PROFESSIONAL PUBLIC SERVICE INTERPRETERS NEEDED?**

The recognition of a need for professional public service interpreters was first highlighted in the 1980's and 1990's, when a series of high profile court cases were conducted using interpreters that had limited proficiency in the language they should have been interpreting (see Townesley, 2007 for review of these cases). Additionally, the Lord Laming report on the Victoria Climbié case (Laming, 2003) highlighted the failure of public services, including healthcare, social services and police services to provide a professional public service interpreter in their interviews with Victoria Climbié and her family before she died. Instead they had used a family member as a

language mediator who was subsequently convicted as being jointly responsible for the death of Victoria Climbié.

Within healthcare settings, systematic reviews of studies into the use of professional public service interpreters have shown that quality of care is improved when a professional interpreter is used rather than an *ad-hoc* untrained interpreter (Flores, 2005). Additionally, medical appointments have been found to be of higher quality when public professional service interpreters are used, compared to family members who were more likely to impose their own agenda onto the appointment (Leanza *et al.*, 2010). Studies have also indicated that patient satisfaction is improved when a professional public service interpreter is present (Bagchi *et al.*, 2010).

The measures implemented to reduce the risk of non-professional public service interpreters being employed will now be discussed.

### **1.5.3. PROFESSIONAL REGISTRATION AND QUALIFICATIONS**

#### **1.5.3.1. The National Register of Public Service Interpreters**

The National Register of Public Service Interpreters (NRPSI) was established in 1994 by the Chartered Institute of Linguists (NRPSI, 2014). In 2011, it became an independent voluntary organisation separate from the Chartered Institute of Linguists. In order to be full registrants included on the NRPSI, interpreters have to meet several professional standards. These include completing a diploma in public service interpreting, or an equivalent professional qualification, and conducting at least 400 hours of interpreting within public services (100 hours for rare languages; NRPSI, 2011a). Although there is no legal mandate specifying that public service providers have to recruit from this register, the NRPSI acts as a regulator and therefore can investigate complaints. Additionally, they have a code of conduct (NRPSI, 2011b; see Appendix A) that all registered interpreters agree to abide with. This describes an impartial model of interpreting, whereby the interpreter is required to interpret the exact content of the conversation and limit communication with the client and service provider to the specific demands of the interpreting assignment. Figure 1.3 details the sections of the code of conduct that are relevant to this model of interpreting.

**Figure 1.3. The impartial model of interpreting as detailed in the NRPSI code of conduct (NPRSI, 2011b)**

- Section 4.2. Interpreters shall at all times act impartially and disclose anything that might jeopardise this to the service provider
- Section 5.4: Interpreters *“shall interpret truly and faithfully what is uttered, without adding, omitting or changing anything”*
- Section 5.9: Interpreters *“carrying out work as public service interpreters shall not enter into discussion, give advice or express opinions or reactions to any of the parties”*
- Section 5.12. Interpreters shall not pause or interrupt the assignment unless to ask for clarification or if they believe something may have been misunderstood

### **1.5.3.2. The Diploma in Public Service Interpreting**

The diploma in public service interpreting (DPSI) was established in 1994 by the Chartered Institute of Linguists as an objective assessment of public service interpreter competency (Corsellis, 2003). It therefore serves as a professional accreditation. A DPSI can be obtained in law, health or local government, thereby spanning the majority of public services. It is equivalent to a first degree and assesses professional knowledge and vocabulary (Chartered Institute of Linguists, 2015). Interpreters are not required to complete this to work as a professional public service interpreter, however it can serve as a gateway to the NRPSI register, from which some public services may be more likely to recruit (e.g. UK Visas and Immigration, 2014).

### **1.5.4. THE REALITY OF PUBLIC SERVICE INTERPRETING**

Criminal courts are the only public service with a legal responsibility to provide an interpreter for non-English speakers through the European Convention on Human Rights (European Court of Human Rights, 2000). However, a recent survey of 1008 interpreters/translators (86% interpreters) working within the criminal justice system revealed that only 50% of these had full NRPSI status and 54% had obtained a DPSI qualification (Optimix-Matrix, 2014). Other public services are less regulated and therefore the author was unable to obtain information about these. Townsley (2007) suggests that there are decreased levels of professionalism within these sectors due

to a comparatively lower level of pay and, consequently, fewer people taking the DPSI qualifications in health and local government.

Due to the wide remit of public services and the fact that a wide range of languages are likely to be represented within these, interpreters are unlikely to be employed by a single public service. Rather, public services contact interpreting agencies that can provide an interpreter. These interpreting agencies can be funded by the public sector, such as the Wales Interpretation and Translation Service (WITS); privately funded; or specialise in a specific form of interpreting such as telephone interpreting. As a result, public service interpreters are likely to work across a wide range of public services on a freelance basis.

There is a lack of information about the public service interpreting population and the work they engage in due to this fragmentation and lack of professional regulation. The 'NRPSI annual review of public service interpreting in the UK, 2013'(NRPSI, 2014) attempts to provide this information, but this is not a comprehensive analysis of the profession due to the fact that not all public service interpreters are included on this register. As part of this review, information about 1,990 NRPSI registrants was analysed, 84% of whom were fully registered. Ninety-nine languages were represented within the sample, representative of 68 different nationalities. The most popular languages interpreted included Polish (14%), Urdu (9%), Russian (6%), Spanish (6%), Arabic (5%), French (5%), Farsi (5%) and Romanian (5%). The majority of the sample were female (65%) and had obtained the DPSI qualification (63%). The majority of registrants worked in England, with only 25 (1.2%) registrants working in Wales, 10 (0.5%) in Scotland and 5 (0.25%) in Northern Ireland.

Within Wales, a large proportion of public service interpreters are recruited through the WITS. This interpreting agency has 21 partners across Wales, including local health boards, police departments, probation services and councils. In 2013, WITS had 1500 interpreters registered with them, representing 135 languages (T. Wilcox, personal communication, 2014). Interpreters do not have to complete the DPSI or be registered on the NRPSI to join the WITS, but receive higher rates of pay if they have achieved either of these. Interpreters without DPSI or NRPSI status are required to pass an assessment of their interpreting abilities and receive two days

training provided by the WITS about public service interpreting (Wales Interpretation Translation Service, 2015).

The literature and data pertaining to public service interpreting within the UK suggests that this professional population is fragmented and heterogenous. Not only do public service interpreters have a wide range of cultural and national backgrounds, they have differing levels of qualifications, work across different public services and work on a freelance, self-employed basis through interpreting agencies. The lack of legal and national governance of the profession further compounds this, with no mandatory professional regulatory body available to both support and regulate public service interpreters and professionals who wish to use their services.

#### **1.5.5. THE EMOTIONAL AND PSYCHOLOGICAL IMPACT OF PUBLIC SERVICE INTERPRETING - THE GREY LITERATURE**

The systematic review presented in Section 1.6 details the empirical literature pertaining to the emotional and psychological impact of interpreting within public services. However, there is also a wide range of grey literature represented in interpreting newsletters, magazines and editorials. Within these, there is a consensus that interpreters are at risk of phenomena such as vicarious trauma and burnout, but that this has not been established through formal research.

Many interpreters have written testimonies to illustrate the emotional and psychological impact of interpreting within areas covered by public services (e.g. Fox, 2001; Srependa, 2012). These have common themes of the interpreter working across several different public services; hearing accounts of traumatic events such as rape, physical abuse, torture and terminal illness and experiencing the emotions from both sides of the professional-patient relationship.

Additionally, some pilot studies have been conducted in this area and published within non-peer reviewed sources. A qualitative study exploring the experiences of 15 interpreters working within an Australian mental health study identified that there was an emotional response experienced by interpreters (Lipton *et al.*, 2002). This response was empathetic in nature, with participants sharing the emotions

expressed within the interpreting assignment. There was also a theme of interpreters not knowing what coping strategies to utilise and only 46% of the sample recognised the need to reduce stress levels after a difficult interpreting assignment. However, this study was conducted in Australia, had a mixed sample of participants ranging from newly qualified to very experienced, and no quotes were provided to assess the fit of the raw data with the understanding presented by the authors.

One UK study conducted with three female interpreters about their experiences of interpreting for clients who had been raped also highlighted the emotional impact of interpreting for clients who are emotionally distressed (Butler, 2008). A lack of support was also identified due to the absence of formal support systems for interpreters. The specificity of the area explored and the small sample size of this study suggests that the findings would not be easily generalised to public service interpreters working within the UK.

The grey literature therefore indicates that public service interpreters experience psychological and emotional effects of their work. However, these are largely personal accounts or pilot studies that have not been published in peer-reviewed journals, therefore the conclusions of this literature cannot be seen as generalisable to the interpreter population. A systematic review of the empirical literature is presented below to more fully explore research literature about the emotional and psychological impact of interpreting within public services.

## **1.6. SYSTEMATIC REVIEW**

### **1.6.1. SYSTEMATIC REVIEW METHODOLOGY**

The systematic literature review aimed to answer the research question:

*'What is the emotional and psychological impact of interpreting in public services?'*

Appendix B details the search terms used to conduct this systematic literature review. An initial search was conducted using the terms (interpreter OR translator)

AND (*vicarious trauma* OR {*the other theoretical concepts described in section 1.4.1*}) AND (*public services* OR {*relevant synonyms*}). This search did not retrieve any relevant results, therefore a further search removing search terms related to public services was conducted, as this was believed to be limiting the search due to the multiple synonyms and variations of spelling that can be used to describe these services. This search retrieved 23 results, two of which included professional public service interpreters as participants. Therefore, the words emotional and psychological were incorporated into the search to reflect the research question.

The final search using the search terms described above was conducted on the 24<sup>th</sup> of May 2015. Due to the nature of the research topic spanning both interpreting and social science literature, databases pertaining to language studies (e.g. Linguistic and Language Behaviour Abstracts) and social science literature (e.g. Embase, PsycInfo) were searched. Wider databases were also searched such as Web of Science and Scopus to incorporate the different schools of research literature that different public services fall into. A complete list of the databases that were searched is provided in Appendix A. This search strategy yielded 2,998 results (2,452 after duplicates were removed). The titles, abstracts or full texts of these articles were then scrutinised against the inclusion and exclusion criteria described below.

#### **1.6.1.1. Inclusion and Exclusion Criteria**

Studies were included in the final systematic review if they:

- Included professional spoken language interpreters as participants
- Were published in peer reviewed journals
- Employed a qualitative or quantitative research methodology
- Explored the emotional and/or psychological effects of interpreting
- Explored these effects within the context of a setting applicable to UK public services

Studies were excluded from the final systematic review if they:

- Were studies that were unpublished or abstract only
- Were not published in English

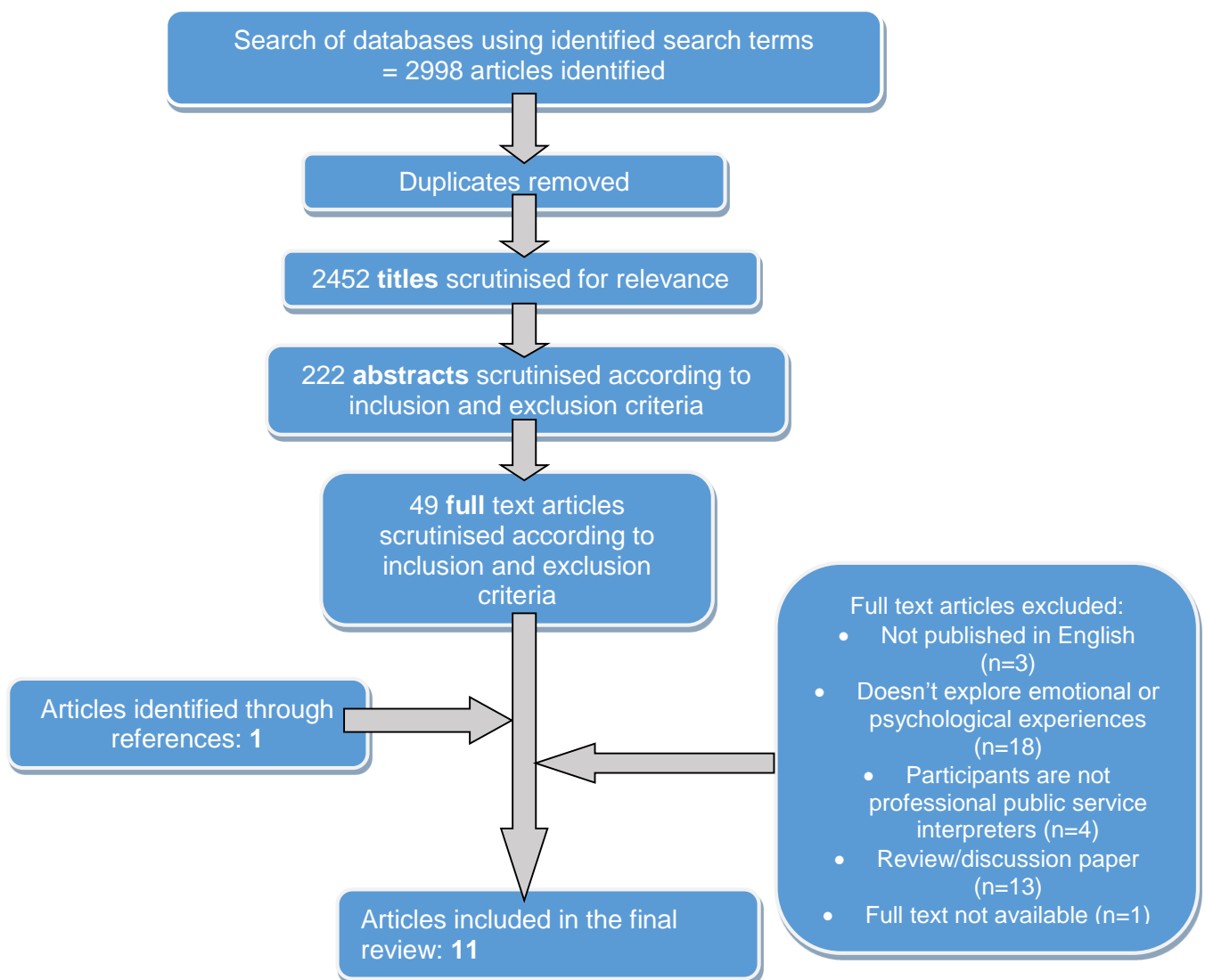
- Included participants interpreting in the context of community support work, bilingual work, cultural brokers or family/friends as opposed to professional interpreters
- Did not explore the emotional and psychological impact of interpreting (e.g. focus on linguistics, cognitive psychology or role)
- Were not set within the context of settings applicable to UK public services (e.g. conference interpreting)
- Were narrative reviews, opinion/discussion papers, editorials or conference abstracts as opposed to a research article

#### **1.6.1.2. Search Process**

Figure 1.4 illustrates the process that was applied to identify the articles evaluated in this systematic review. Using the methodology described above, 2,998 articles were identified. After duplicates were removed, 2,452 articles remained. The titles of these articles were reviewed and those that did not meet the inclusion criteria were excluded. The abstracts for the remaining 222 articles were then reviewed against the inclusion and exclusion criteria. There were 49 articles that appeared to meet the criteria. The full text versions of these articles were then reviewed and ten of these met the full inclusion criteria and are therefore reported within the final systematic review. To ensure inclusion of articles that may have been missed by this systematic search, references of these articles were searched to identify potential studies that also met the inclusion and exclusion criteria. Through this process, one more article was identified.



**Figure 1.4. The Systematic Literature Review Process**



## 1.6.2. SUMMARY OF ARTICLES INCLUDED IN THE SYSTEMATIC REVIEW

Table 1.1 provides a summary of the articles included in this systematic literature review. Only findings related to the emotional and psychological impact of interpreting are discussed for studies that explored phenomena that were broader than this.

### 1.6.2.1. Method and Design

Eight studies employed a qualitative approach and three studies used a cross-sectional quantitative design.

A variety of methodologies were utilised for data analysis in the qualitative studies, including interpretative phenomenological analysis (IPA; Butow *et al.*, 2012; Green *et al.*, 2012; Splevins *et al.*, 2010); variants of grounded theory (Holmgren *et al.*, 2003; Watanabe, 2012); narrative approaches (McDowell *et al.*, 2011; Miller *et al.*, 2005) and thematic analysis (Prentice *et al.*, 2014). Two studies specifically explored the emotional and psychological impact of interpreting for people who have experienced trauma (Holmgren *et al.*, 2003; Splevins *et al.*, 2010). Three studies explored the wider topic of interpreters' experiences of their work in particular settings (Green *et al.*, 2012; McDowell *et al.*, 2011; Prentice *et al.*, 2014). A further three studies explored the role of interpreters, but the emotional and psychological consequences of their work emerged as themes within the study findings (Butow *et al.*, 2012; Miller *et al.*, 2005; Watanabe, 2012).

All of the quantitative studies utilised a survey to explore the emotional and psychological impact of interpreting. Two of these studies utilised subjective, unvalidated measures (Doherty *et al.*, 2010; Loutan *et al.*, 1999). However, Mehus and Becher (2015) used a validated measure of professional quality of life (ProQOL – Stamm, 2010). The ProQOL specifically assesses the presence of secondary traumatic stress, burnout and compassion satisfaction and provides normed scores that can be used for comparison.

#### **1.6.2.2. Sample**

All studies reported that professional interpreters were included within their sample populations. McDowell *et al.* (2011) included both professional and informal interpreters within their sample; as nearly half of the sample (13 out of 27) were professional interpreters it was decided to include this study within the final systematic review. Two studies interviewed other professionals as well as interpreters (Miller *et al.*, 2005; Watanabe, 2012). However, in both studies the main focus of the research question was the role of interpreters. Interpreters were asked specifically about the emotional impact of their work and their contributions were recorded accordingly in the results section of both articles.

Although some studies recruited interpreters who worked across a range of ‘helping’ services, only one study explored the emotional and psychological impact within this context (Mehus & Becher, 2015). All other studies focused on interpreters’ experiences within a particular setting or with a particular client group. Four studies explored experiences in relation to working with asylum seekers and refugees (Holmgren *et al.*, 2003; Miller *et al.*, 2005; Splevins *et al.*, 2010; Loutan *et al.*, 1999). Six studies were conducted in the context of interpreting within healthcare services, specifically oncology (Butow *et al.*, 2012; Prentice *et al.*, 2014); general healthcare (McDowell *et al.*, 2011; Watanabe, 2012) or mental health (Doherty *et al.*, 2010; Green *et al.*, 2012). These contexts were explored with interpreters working in services situated in several different countries, including the UK (n=4), USA (n=3), Denmark (n=1), Switzerland (n=1), Japan (n=1) and Australia (n=1).

The sample sizes for qualitative studies ranged from five to 30. There is no defined recommended sample size for qualitative studies due to their exploratory nature (Mason, 2010). The sample sizes for the quantitative studies included in this review ranged from 18 to 119. A critical appraisal of these studies is presented in the next section.

### **1.6.3. QUALITY REVIEW**

The quality of the studies included within this systematic review was assessed through Cardiff University’s Specialist Unit for Research Evidence (SURE) framework (SURE, 2012; SURE, 2013). This framework was chosen as, to the author's knowledge, it is the only framework that includes detailed quality criteria for studies that employ cross-sectional surveys as their data collection method. The critical appraisal checklists provided by SURE incorporate guidelines from the Critical Appraisals Skills Programme (CASP), Health Evidence Bulletins Wales checklists and NICE manuals. They are therefore comprehensive critical appraisal tools that assess the quality of research evidence from a variety of perspectives.

A narrative summary of the findings of this critical appraisal process is provided below. Tables detailing the scoring of each separate study can be found in Appendices C and D. The final quality scores for each study are included in Table

1.1. As the scoring systems were different for the qualitative and cross-sectional quality frameworks, a single scoring system has been applied, where 'yes' =2 (indicating good quality); 'no' = 0 (indicating poor quality) and 'can't tell' or 'not reported' = 1.

**Table 1.1. Summary of Studies Included in the Final Systematic Review**

Author(s) Date Country	Aim	Method (design, data collection and analysis)	Participants	Results	Discussion	Quality Rating
<b>QUALITATIVE STUDIES</b>						
Butow, Lobb, Jefford, Goldstein, Eisenbruch, Girgis <i>et al.</i> (2012)  Australia	To understand how interpreters perceive their role, the challenges they find while interpreting in an oncology setting and training and support needs	Focus groups of 5-7 other participants, asking prompt questions reflecting the research aims, including the emotional challenges.  Interpretative phenomenological analysis (IPA) was used to analyse the data	<b>30 healthcare</b> interpreters were recruited. <b>Gender:</b> 18 females, 12 males. <b>Average age:</b> 48 years (range 27-72). <b>Country of Origin:</b> Most frequently reported – China, Lebanon, Hong Kong, Greece, Sudan  Average <b>length of interpreting</b> was 8 years. 20 participants had <b>national accreditation for interpreting</b> . Participants spoke Greek, Chinese and Arabic <b>languages</b> .	Dilemmas about <b>maintaining the impartial model</b> of interpreting were discussed. When describing the emotional impact, participants spoke about how this was increased when <b>delivering bad news</b> to a client and highlighted a <b>lack of debriefing</b> . Participants expressed a desire to learn <b>coping strategies</b> for difficult emotions.	The authors concluded that interpreters experienced difficulty in adhering to the impartial model of interpreting, in part due to emotional reactions. They argue that the role of interpreters should be widened to include advocacy and support for the client. They also provide recommendations for oncologists working with interpreters, including the provision of briefs, debriefs and asking about the interpreter's emotions after an assignment.	44/62 (71%)
Green, Sperlinger & Carswell (2012)  UK	To explore Kurdish refugee interpreters' experiences of working in UK mental health services.	Semi-structured interviews using open-ended questions to understand how the participant made sense of their interpreting experiences.  IPA was used for data analysis.	<b>6 Kurdish interpreters</b> working as <b>freelance public service interpreters</b> .  <b>Gender:</b> Four males, two females <b>Average age:</b> 40.5 years (range 31-55 years) <b>Country of Origin:</b> Iraq, Iran or Turkey.	Four themes were identified: 1) Negotiating multiple identities 2) Unmanageable emotions 3) Responding and making sense of the material presented 4) Learning about the self and the world.	The authors concluded that the negative impact of interpreting was predominant in the interviews. They suggest that interpreters who share trauma histories with their clients may have particular needs.  Support systems such as briefing and debriefing and supervision sessions	47/62 (76%)

			Four participants worked predominantly in <b>mental health</b> .		focusing on the development of coping strategies are recommended.	
Holmgren, Sondergaard & Elklit (2003)  Denmark	To explore the working conditions of interpreters working within the Danish Red Cross and the perceived difficulties and strains of their work.	Exploratory semi-structured interviews were used to explore the aims of the study.  Analysis followed grounded theory principles following Enoroth's (1984) application of this approach.	<b>12</b> Kosovo-Albanian interpreters working within the Danish Red Cross reception centre for <b>asylum seekers</b> .  <b>Gender:</b> Eight males and four females. <b>Average age:</b> 30 years (range 21-38 years). <b>Country of origin:</b> 11 Kosovo, one Denmark.  Ten participants were employed by the Red Cross, two were freelance.	Themes related to interpreters' experiences included <b>not having enough preparation time</b> for assignments; <b>severe emotional distress</b> from hearing stories about their home country and the presence of <b>medical diagnoses</b> such as cancer. Interpreters spoke of being perceived by professionals as technical tools, with <b>low levels of recognition and respect</b> . <b>Psychological reactions</b> described by interpreters included exhaustion; concentration and sleep difficulties; intrusive thoughts and pictures; mood swings and nightmares. <b>Coping strategies</b> used by interpreters included detachment, self-control, flight-avoidance and social support.	The authors suggested that the resources of interpreters were exhausted due to the stressful, demanding and psychologically degrading working conditions that they experience. They recommend that psychologists with experience in psychotrauma should provide supervision for interpreters to assist in the processing of emotional distress. Wider policy reviews were also recommended for professional/humanitarian organisations to ensure interpreters are treated with respect.	30/62 (48%)
McDowell, Messias & Estrada (2011)  USA	To explore interpreters' experiences and perspectives of their work within healthcare settings.	Semi-structured interviews were used to explore work experiences, perspectives, roles and resources of formal and informal interpreters providing onsite or telephone interpretation services in healthcare settings in three USA states.	<b>27</b> interpreters working within <b>healthcare</b> settings in three Southeastern American states.  <b>Gender:</b> 22 females and five males <b>Age range:</b> 26 to 62 years old. <b>Country of Origin:</b> USA (15), Puerto Rico (5), Mexico (2), Colombia (2),	Themes identified through the analysis included 1) the mental complexity of the interpreting work 2) enabling communication 3) negotiating blurred boundaries and conflicting role expectations 4) the <b>physical and emotional toll of interpreting within healthcare settings</b> .  The physical and emotional toll	The authors concluded that the role of healthcare interpreters went further than being a conduit through which information flows and that it was also an emotionally and socially laden process for the interpreter. They suggest that lack of recognition of this could lead to burnout and job dissatisfaction. The authors	40/62 (65%)

		Data was analysed using an approach based on feminist narrative interpretation, incorporating thematic and constant comparison techniques.	<p>Brazil (1), Venezuela (1) and Panama (1).</p> <p>First <b>languages</b> included English (14), Spanish (12) and Portuguese (1).</p> <p>Thirteen interpreters were formally employed as healthcare interpreters</p>	<p>was described as contributing to feelings of <b>exhaustion</b> after the interpreting session and participants spoke of how the emotional content could sometimes feel <b>overwhelming</b>.</p> <p><b>Communicating bad news</b>, such as a terminal illness, was particularly difficult.</p>	advocated for evidence-based educational and training interventions for interpreters working within healthcare settings. They suggest that a national policy review be undertaken.	
<p>Miller, Martell, Pazdirek, Caruth &amp; Lopez (2005)</p> <p>USA</p>	<p>1) Explore themes identified in previous studies, including the impact on interpreters' wellbeing of their work and training and supervision needs.</p> <p>2) Identify unexamined issues related to interpreting in refugee mental health settings</p>	<p>Semi-structured interviews with interpreters and therapists. Therapist interviews focused on the impact of the interpreter on the therapy process. Interpreter interviews focused on the impact of the work on their wellbeing, challenges and rewards of their work, availability and value of support.</p> <p>A 'narrative research method' was used for analysis, involving the identification of codes and themes.</p>	<p>15 therapists working with interpreters &amp; <b>15</b> interpreters. All worked within <b>torture treatment centres or refugee mental health clinics</b> in the US.</p> <p>Demographic information details 17 interpreters who were approached for the study (2 declined):  <b>Gender:</b> 14 females, 3 males  <b>Average age:</b> 36 years (SD = 10.00).  <b>Country of Origin:</b> Of the 15 interpreters interviewed, 13 Eastern Europe, two USA.</p>	<p>Interviews with interpreters revealed that interpreters mainly focused on the <b>emotional impact of interpreting stories of trauma and loss</b>, particularly when this resonated with their own personal experiences. Interpreters who were refugees themselves described feeling <b>increased distress during the first few weeks</b> or months of their work, followed by a lessening of distress throughout the rest of their career. All but one participant said that they <b>did not experience long-term mental health effects</b> of their work.</p>	The authors conclude that interpreters who work with refugees require a diverse range of clinical and interpreting skills. They suggest that interpreters have training and support systems available to them, including consistent support from experienced staff within the services in which they work.	53/64 (83%)
<p>Prentice, Nelson, Baillie, Osborn &amp; Noble. (2014)</p> <p>UK</p>	To explore the degree of distress and support needs of interpreters working within a specialist oncology	Semi-structured interviews were utilised to explore participants' experience of interpreting within cancer services and challenges of the role.	<p><b>5</b> interpreters identified from a hospital database of available interpreters working within a <b>regional cancer centre</b>.</p> <p><b>Gender:</b> not reported.  <b>Age range:</b> 23 to 60</p>	<p>Two themes were presented:</p> <p>1) The <b>significant emotional impact of interpreting</b> – distress when a client died; an emotional connection with the client; being on the receiving end of patients' anger when giving bad news and feeling</p>	<p>It was concluded that participants' accounts were congruent and paralleled a previous study.</p> <p>The extension of the interpreting role beyond simple conveyance of verbal</p>	51/62 (82%)

	service	Data was analysed using a thematic analysis approach (Braun & Clarke, 2006).	years old. <b>Interpreting experience</b> ranged from 2 to 17 years. <b>Languages</b> interpreted included BSL, Bengali and Polish.	responsible for being the patients' advocate. 2) <b>Formal briefing, debriefing and support</b> – the desire for briefing to occur; a lack of support available after the session.	information is discussed and an unrecognised role of advocacy may also be involved. Recruitment from multiple geographic locations is recommended.	
Splevins, Cohen, Joseph, Murray & Bowley. (2010)  UK	To investigate the experiences of interpreters working with trauma survivors, with a specific focus on vicarious posttraumatic growth	Semi-structured interviews were utilised, consisting of open-ended questions about general experience, avoiding a direct focus on positive or negative aspects. Prompts were given if participants failed to mention these.  Data was analysed using IPA and interpreted from a contextual constructionist viewpoint	<b>8</b> interpreters who had worked with <b>refugees and asylum seekers</b> in a therapeutic setting within the north west of England.  <b>Gender:</b> Six females and two males. <b>Average age:</b> 46 years (range 30-64 years).  Interpreters had been working for 3-8 years. <b>Languages</b> interpreted included French, Arabic, Kurdish, Turkish, Dari, Farsi, Italian, Dioula, Swahili, Lingala and Kirundi,  Interpreters worked in a <b>range of settings</b> , including hospitals, GP surgeries, prisons, courts.	Four themes emerged: 1) <b>Feeling what your client feels</b> - representing a strong sense of empathy with their clients which then became identification, whereby they felt the same emotions as their clients. 2) <b>Beyond belief</b> - a sense of disbelief at the unimaginable traumas clients talked about. 3) <b>Finding your own way to deal with it</b> - participants made a conscious decision to use coping strategies to maintain their wellbeing. These were a combination of external support (family, friends, employers or peer supervision) and personal coping strategies 4) <b>A different person</b> - a sense of change in participants and/or the way they viewed the world positively.	The authors related the study findings to the theory of vicarious trauma, but added that interpreters may be more vulnerable to the process of identification than therapists due to a lack of training.  The authors also suggested that the participants may have experienced vicarious posttraumatic growth, as indicated by their overall positive description of the positive effects of trauma.	50/62 (81%)
Watanabe (2012)  Japan	To explore the extended role of Japanese interpreters working in Thai hospitals and the issues associated with	Exploratory interviews with interpreters about how they became interpreters, a description of their work and experiences while working as an interpreter. Additional	<b>7</b> interpreters working in an <b>international hospital</b> in Bangkok  <b>Gender:</b> Six females, one male <b>Age ranges:</b> 20s (3), 30s (3), 40s (1)	Themes identified included: 1) Japanese <b>interpreters as problem solvers</b> (reflecting them stepping in when something goes wrong during an assignment) 2) <b>Emotional labour and compassion</b>	The author discussed the expectations placed on the interpreter based on them sharing a language and culture with the patient. The intensive emotional impact of interpreting was highlighted and the author discussed the	46/64 (72%)



	this.	interviews with doctors, patients and department managers were conducted.  Data analysis used the KJ method (Kawakita, 1967) which the author stated is similar to grounded theory.	6 participants <b>interpreted</b> Japanese-Thai, one participant Japanese-English. None had received <b>official training</b> to become an interpreter.	<b>fatigue</b> (subthemes included expected management of emotion for interpreters, angry patients, facing a patient's death, psychosomatic medicine).	role of empathy within this, given that hospital managers expect an empathetic response from interpreters during an assignment. It is concluded that interpreters require organisational support given the risk of compassion fatigue.	
<b>QUANTITATIVE STUDIES - SURVEYS</b>						
Doherty, MacIntyre & Wyne (2010)  UK	1) Establish the presence, nature and degree of emotional distress related to mental health interpreting 2) Explore the coping strategies used by interpreters 3) Elicit potentially helpful support and supervision structures	A semi-structured questionnaire was used to explore the challenges and rewards of mental health interpreting; the experience of being emotionally affected by mental health interpreting; coping strategies; what might help them better manage the demands of the job.  Descriptive statistics were used to analyse quantitative responses. Grounded theory was utilised for free-text responses.	<b>18</b> interpreters working for an interpreting agency with experience of interpreting within <b>mental health</b> services.  Demographic data for the participant sample was not reported.  Participants <b>had been interpreting</b> for an average of 6.1 years, specifically in mental health for 4.8 years. They <b>engaged in mental health interpreting</b> for an average of 1.9 hours per week.	<b>1) Emotional impact:</b> 56% of participants reported being emotionally affected by their work. 67% reported finding it hard to put clients out of their mind. Emotions included sadness, anger, hopelessness and sympathy. Themes relating to challenges of the job included working relationships; linguistic and cognitive demands of the job; emotional demands of the job; boundary issues and perceived risk. <b>2) Coping strategies</b> Coping strategies identified included limiting the frequency of mental health interpreting jobs; teaching self to be objective; distraction; being professional. <b>3) Future support</b> Support needs identified included advance briefing; learning to maintain professional boundaries; professional sensitivity	The authors conclude that mental health interpreting can be challenging and emotionally demanding. They relate this to the theory of vicarious trauma. They make recommendations such as specialist training in mental health interpreting for both interpreters and professionals; peer support or more formal supervision; interpreting agencies providing increased support to their interpreters. They suggest that future research exploring the efficacy of these support systems be conducted.	16/30 (53%)

				regarding impact of work.		
Loutan, Farinelli & Pampallona (1999)  Switzerland	To explore the emotional impact on interpreters working with asylum seekers and refugees	An anonymous questionnaire was used to explore interpreters' exposure to trauma and violence; to quantify feelings (0-100) and assess the presence of selected symptoms.  Descriptive statistics (percentages and averages) were used for analysis.	<b>18</b> interpreters working for the Geneva Red Cross.  <b>Gender:</b> 15 females and three males. <b>Average age:</b> 40 years (range 29-51). <b>Country of origin:</b> Eastern Europe (9); Africa (5); Middle East (2); Far East (2).	11 participants reported that less than 50% of their sessions involved <b>clients exposed to violence</b> ; 7 more than 50%.  28% of interpreters frequently experienced <b>difficult feelings</b> (sadness, powerlessness, revolt, aggressiveness and uneasiness). 33% reported <b>at least one symptom</b> (nightmares, depression, insomnia, any of the above). 66% had frequently painful memories. Participants who had more than 50% of sessions with victims of violence were <b>more likely to experience difficult feelings</b> . 83% described a <b>strong need to talk</b> and share feelings with the medical doctor; 44% with their relatives or spouse.	The authors conclude that interpreters working with refugees are exposed to traumatic histories which may cause difficult emotional reactions and/or remind them of painful memories of similar losses and trauma they have experienced. This does not always end with the interpreting assignment as interpreters were likely to see patients outside of these. Debriefing sessions provided by the doctor and supervision groups were recommended.	13/32 (41%)
Mehus & Becher (2015)  Mid-west USA	The authors propose two research questions: 1) Do levels of secondary traumatic stress, burnout and compassion satisfaction differ between interpreters and population-normed scores 2) Are gender,	An online survey was utilised to explore the research questions. This included use of the ProQOL (Stamm, 2010) as a validated outcome measure that assesses secondary traumatic stress, burnout and compassion satisfaction. Trauma history was assessed by a single question asking participants to	<b>119</b> interpreters working within mid-west USA.  <b>Gender:</b> 81 participants were female, 36 male, 2 other. <b>Age ranges:</b> 18-25 (n=7), 26-40 (n=46), 41-65 (n=63) and 65+ (n=3). <b>Country of Origin:</b> USA (n=41), Mexico (n=13), Laos (n=8), Somalia (n=7) and other (n=29).  The most common	The following proportion of participants scored <b>above the 'high' cutoff</b> on the ProQOL: <ul style="list-style-type: none"> <li>Compassion satisfaction – 61%</li> <li>Burnout – 14%</li> <li>Secondary traumatic stress – 71%</li> </ul> Compassion satisfaction and secondary traumatic stress were <b>significantly higher than the population-normed scores</b> for the ProQOL.	The authors hypothesised that high levels of compassion satisfaction may protect against burnout when high levels of secondary traumatic stress are also experienced. They suggest that although secondary traumatic stress was not related to refugee status, this may increase levels of empathy.  The implications of the findings are discussed in	26/32 (81%)

	<p>personal history of trauma and refugee status associated with secondary traumatic stress, burnout and compassion fatigue?</p>	<p>select how many traumatic experiences they had encountered from a pre-determined list. Participants were also asked to report their refugee status.</p> <p>Data was analysed using descriptive statistics and independent t-tests. Multiple regression was utilised to explore associations between these scores and gender, trauma history and refugee status.</p>	<p><b>languages interpreted</b> were: Spanish (25%), French (6%), Somali (6%) and Hmong 5%). 24 participants reported that they held refugee or asylum seeker status.</p> <p>59% of participants reported obtaining a <b>qualification</b> in interpreting. <b>Services</b> in which participants had interpreted included: mental health (n=94), medical (n=109), legal/court (n=43), human services (n=85), other government agency (n=47).</p>	<p>There were <b>no significant relationships</b> between scores on the ProQOL (secondary traumatic stress, burnout, compassion satisfaction) and gender, refugee status or trauma history.</p>	<p>terms of the lack of formal support systems for interpreters and the need for clinicians to offer this. Further research into the psychological impact of interpreting and how secondary traumatic stress symptoms affect the interpreting relationship is recommended. Additional research into support options for interpreters is also recommended.</p>	
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#### **1.6.3.1. Research Aims**

All eight qualitative studies reported that they aimed to explore certain aspects of interpreters' experiences within a specific context. This included the experience of working in mental health, physical health and with asylum seekers and/or refugees, as discussed in Section 1.6.2.1. All authors reported that they were exploring an under-researched phenomenon associated with the experience of interpreters within various settings. Therefore, a qualitative design was justified given that this approach has been described as being the most appropriate to understand personal experience and meaning, as well as to generate new theories in under-researched areas (Willig, 2008).

Two of the quantitative studies (Doherty *et al.*, 2010; Mehus & Becher, 2015) had clear research aims that reflected the aim of quantitative, cross-sectional studies to explore a phenomenon that can be measured and/or quantified (Millsap & Maydeu-Olivares, 2009). However, Loutan *et al.* (1999) did not report any explicit aims. It was inferred from the article that an aim was to explore the emotional impact on interpreters when pain, death and grief are central to refugee interviews. This approach may have been more suited to a qualitative approach focusing on the emotional experience of interpreters given the small size of the population from which the sample was recruited (n=22).

#### **1.6.3.2. Recruitment**

All studies utilised purposive sampling to recruit participants. This approach would appear to be appropriate, given the specific populations in certain contexts each study detailed in their research aims (Battaglia, 2008; Marshall, 1996). Two studies used the specific purposive sampling strategy of snowball referrals, which can affect the generalisability of the research findings through the inability to define the eligible population from which the sample is drawn (Biernacki & Waldorf, 1981).

#### **1.6.3.3. Data Collection**

Most qualitative studies utilised semi-structured interviews as their data collection method. This has been identified as an appropriate method for collecting research

data when utilising a qualitative approach as it allows for the researcher to explore a phenomenon while allowing participants to contribute their own material to the discussion (Howitt, 2013). Butow *et al.* (2012) used focus groups as a data collection method. This also is an established method of data collection within qualitative research and can be used with IPA for data analysis (Larkin *et al.*, 2006).

Only one quantitative study (Mehus & Becher, 2015) utilised a validated outcome measure to assess the degree to which interpreters experience secondary traumatic stress, burnout and compassion satisfaction. Furthermore, this study was the only one to assess the impact of possible mediating factors such as gender, trauma history and refugee status. The remaining two studies relied on unvalidated subjective measures of emotional distress (Doherty *et al.*, 2010; Loutan *et al.*, 1999), which could affect internal validity.

#### **1.6.3.4. Ethical Issues**

Five studies reported obtaining ethical approval from an institution before conducting the study (Doherty *et al.*, 2010; Green *et al.*, 2012; McDowell *et al.*, 2011; Prentice *et al.*, 2014; Splevins *et al.*, 2010). The remaining studies did not report this (Holmgren *et al.*, 2003; Loutan *et al.*, 1999; Mehus & Becher, 2015; Miller *et al.*, 2005), therefore it is unclear if an ethics committee approved the research.

#### **1.6.3.5. Data Analysis**

All eight qualitative studies reported the analysis procedure for their study. Studies utilised a variety of data analysis approaches, including IPA; narrative approaches; variants of grounded theory and thematic analysis, as discussed in section 1.6.2.1. However, only half of the studies provided a rationale as to why these approaches were utilised (Miller *et al.*, 2005; Prentice *et al.*, 2014; Splevins *et al.*, 2010; Watanabe, 2012). Five studies provided detailed information on either the specific data analysis approach they had chosen or the process by which they developed the themes and subcomponents described in the study (Green *et al.*, 2012; McDowell *et al.*, 2011; Miller *et al.*, 2005; Prentice *et al.*, 2014; Splevins *et al.*, 2010). In the remaining three studies, references were provided which made it possible for the

reader to access literature about the data analysis approach chosen, but the procedure was not detailed within the article itself.

Of the three quantitative studies that were reviewed, two utilised descriptive statistics as an analytic approach (Doherty *et al.*, 2010; Loutan *et al.*, 1999). This approach summarises data, but does not allow for inferences about relationships between variables or generalisability (Breakwell *et al.*, 2012). Additionally, Doherty *et al.* (2010) report using grounded theory to analyse qualitative data captured by open-ended questions within their survey. However, there is no detailed description of how this was conducted and the data presented would suggest that this was a descriptive process of grouping responses into lists rather than abstracting to a theoretical level. Mehus and Becher (2015) utilised t-tests to determine significance from pre-determined norms of the outcome measure they utilised and regression analyses for possible associations.

#### **1.6.3.6. Credibility of Research Findings**

The majority of qualitative approaches require a degree of reflexivity to acknowledge the researcher(s)' contribution to the analysis process through acknowledgement of their own values, beliefs and experiences and the role these may play in the research findings presented (Willig, 2008). Only two papers reported that they had reflected on their role in the data collection and analysis procedure (Green *et al.*, 2012; Splevins *et al.*, 2010). Additionally, only two papers triangulated results through using more than one data source (Miller *et al.*, 2005; Watanabe, 2012) and only four reported triangulating their results through the analysis being conducted by more than one author (Butow *et al.*, 2012; McDowell *et al.*, 2011; Miller *et al.*, 2005; Prentice *et al.*, 2014).

No quantitative studies scored fully for internal and external validity. For the Doherty *et al.* (2010) and Loutan *et al.* (1999) studies, this was largely due to small sample size, the use of unvalidated subjective measures and an inability to consider generalisability due to poor reporting of either the sample population or the source population. The use of snowball referrals as a sampling strategy by Mehus and Becher (2015) prevented the definition of the eligible population.

#### **1.6.3.7. Summary**

A total of eleven studies were critically appraised for the purpose of this systematic review. All described findings that were relevant to the emotional and psychological impact of interpreting within public services. Five studies scored relatively highly for the quality of their studies, as indicated by a score that equated to 75% or above (Green *et al.*, 2012; Miller *et al.*, 2005; Prentice *et al.*, 2014; Splevins *et al.*, 2010; Mehus & Becher, 2015). However, none of these studies scored fully on items relating to the credibility or validity of their findings, such as reflexivity, triangulation or internal or external validity. This should be considered when interpreting the review of key themes identified by these studies, as presented below.

### **1.6.4. REVIEW OF KEY THEMES OF FINDINGS WITHIN THE LITERATURE**

#### **1.6.4.1. The Emotional Impact of Interpreting**

All studies described the significant emotional impact of interpreting. This was largely framed negatively, with studies reporting severe emotional distress (Holmgren *et al.*, 2003) that was sometimes unmanageable (Green *et al.*, 2012) and overwhelming (McDowell *et al.*, 2011). Both Splevins *et al.* (2010) and Watanabe (2012) explicitly framed these emotions within the context of interpreters' empathetic reactions towards their clients.

Some studies commented on situations in which difficult emotions were experienced. Three studies reported that emotions were heightened while delivering bad news during health appointments (Butow *et al.*, 2012; McDowell *et al.*, 2011; Prentice *et al.*, 2014). Other factors included interpreting the client's accounts of trauma and loss (Miller *et al.*, 2005), when a patient was angry or dying (Watanabe, 2012) and interpreting accounts from the interpreter's home country (Holmgren *et al.*, 2003). Three studies commented on the role of shared traumatic history in amplifying the emotions experienced by interpreters. Both Green *et al.* (2012) and Miller *et al.* (2005) described how participants who shared a trauma history with a client experienced increased distress during assignments. However, Mehus and Becher

(2015) found no relationship between trauma history or refugee status with secondary traumatic stress, burnout or compassion satisfaction.

Few studies explored the duration of these emotions, or even longer-term effects of working in such an emotionally demanding environment. Butow *et al.* (2012) reported that some participants described how the emotional impact of their work impacted on their home life, suggesting that emotions endured beyond the assignment duration. Similarly, Doherty *et al.* (2010) reported that 28% of their participants found it difficult to move forward to their next assignment due to the emotional distress they experienced.

#### **1.6.4.2. The Interpreting Role**

Seven out of the eight qualitative studies reviewed described how the interpreting role transcended simply translating the conversation within the room. This included the role being extended to that of an advocate or cultural broker, whereby the interpreter enabled the client and professionals to communicate most effectively within the context of the client's cultural needs (Butow *et al.*, 2012; Prentice *et al.*, 2014). Watanabe (2012) discussed how the role of Japanese interpreters was extended into problem solving cultural issues and also providing emotional support. In line with this, Miller *et al.* (2005) concluded that the role of the interpreter requires a wide range of linguistic and clinical skills.

#### **1.6.4.3. Psychological Changes**

Only two studies described any psychological changes in their participant sample (Green *et al.*, 2012; Splevins *et al.*, 2010). Both studies framed this in terms of growth. Green *et al.* (2012) described how participants felt that they learnt more about themselves and the world as a result of their interpreting work. Changes in participants' perceptions about themselves were described by Splevins *et al.* (2010), with positive changes occurring in their views about their personal strength and the world.



#### **1.6.4.4. “Symptoms”**

Several studies reported difficulties that participants experienced that reflected symptoms associated with secondary traumatic stress, as described in Section 1.4.1.1.2. Miller *et al.* (2005) reported that only one out of 30 participants experienced long-term detrimental effects to their mental health. However, a significant proportion (71%) of participants had high levels of secondary traumatic stress in Mehus and Becher’s (2015) survey study. Participants described difficulties such as exhaustion, intrusive thoughts and images, mood swings and nightmares in Holmgren *et al.*’s (2003) study. Additionally, 33% of participants in the survey conducted by Loutan *et al.* (1999) reported experiencing at least one symptom, defined by the authors as nightmares, depression and insomnia.

#### **1.6.4.5. Support Systems**

Several studies reported on the scarcity of support systems available to interpreters (e.g. Butow *et al.*, 2012; McDowell *et al.*, 2011). Loutan *et al.* (1999) reported that 83% of participants reported a strong desire to talk and share their feelings with their medical doctor, corroborating the desire for debriefs vocalised by participants in qualitative studies (e.g. Prentice *et al.*, 2014). The majority of studies recommended support systems that could be beneficial, including peer support (e.g. Doherty *et al.*, 2010); supervision from professionals (e.g. Miller *et al.*, 2005); training on coping strategies for difficult emotions (e.g. Butow *et al.*, 2012) and briefing and debriefing (e.g. Green *et al.*, 2012).

#### **1.6.4.6. Coping Strategies**

Three studies described specific coping strategies that participants utilised to cope with the emotional impact of their work (Holmgren *et al.*, 2003; Splevins *et al.*, 2010; Doherty *et al.*, 2010). These included detachment, self-control, limiting the frequency of interpreting assignments which they previously found difficult, distraction, maintaining wellbeing through friends and family, peer supervision and teaching self to be professional.

#### **1.6.4.7. Summary**

The findings of the studies included in this systematic review indicate that there is a significant emotional impact for interpreters working in services that are similar to those provided by UK public services. The longer-term psychological impact has been explored to a lesser extent. The role of interpreters appears to extend beyond that of the conveying of information between two parties. Despite this, the studies reviewed suggested that support systems for interpreters do not exist and that instead they use a variety of coping strategies to help them cope with the emotional impact of their work. These findings should be interpreted bearing in mind the limitations of these studies as described in Section 1.6.3. The aims of the current study will now be discussed in light of the literature that has been reviewed in this chapter so far.

### **1.7. STUDY AIMS AND OBJECTIVES**

It is acknowledged within the research literature that interpreters can experience a significant emotional and psychological impact of working within settings that are applicable to UK public services. This can include phenomena such as vicarious trauma, secondary traumatic stress and vicarious posttraumatic growth. However, the majority of studies that have been conducted to date have focused on one area in which interpreters work, such as refugee/asylum seeker centres, mental health and physical health. The only study that included participants who interpreted across settings was a quantitative study conducted in mid-west USA (Mehus & Becher, 2015). Furthermore, only four studies have been conducted in the UK.

This does not represent the reality of public service interpreting within the UK, where interpreters work with clients from different immigration and cultural backgrounds, across several public services including criminal justice, social care, health, immigration and education services. The current study therefore aimed to explore the under-researched area of the emotional and psychological impact of interpreters who work within public services in the UK, with no focus on a particular setting or client group. It was hoped that this would aid identification of support systems and/or

training needs for public service interpreters. Specifically, this study aimed to use a qualitative approach in order to:

- 1) Further understand and develop initial theories about the emotional and psychological impact of interpreting within public services, both positive and negative.
- 2) Gain an understanding of factors that may mediate the emotional and psychological impact of public service interpreting
- 3) Understand how public service interpreters respond to the emotional and psychological impact of their work
- 4) Identify outstanding needs for interpreters when considering the emotional and psychological impact of interpreting within public services.

The method by which these aims were achieved is discussed in the next chapter.

# Chapter Two: Methodology

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## **2.1. CHAPTER OVERVIEW**

This study aimed to explore the emotional and psychological impact of interpreting within public services. A qualitative grounded theory approach was utilised, analysing data collected through semi-structured interviews with public service interpreters working within south Wales and south-west England. This chapter describes the methodological background and rationale for the constructivist grounded theory approach utilised for this research. The methods used to ensure that the research met quality guidelines for qualitative approaches are discussed, as well as the study design and ethical and research governance procedures followed. Finally, the sample of participants for this research and the data analysis procedure are described.

## **2.2. QUALITATIVE METHODOLOGY**

### **2.2.1. PHILOSOPHY**

Qualitative approaches aim to capture rich, descriptive data on individual perspectives of the meaning attributed to experiences and situations (Willig, 2008). These approaches arose as an alternative to quantitative studies that treated data as objective reality (Howitt, 2013). Quantitative and qualitative methods therefore differ in the way data is perceived and treated, also known as epistemology. The epistemology of research approaches fall on a continuum, with positivist approaches being on one end of the spectrum and relativist on the other (Andrews, 2012; Willig, 2008). Quantitative studies primarily adopt a positivist stance whereby data is treated as an absolute truth that reflects one reality and can be used to support or falsify an existing hypothesis whereas qualitative studies approach data from a relativist position where it is understood that multiple realities exist according to individual and

societal context (Howitt, 2013). Similarly, social constructivism assumes that knowledge is garnered through social interaction which is reliant on the historical and societal context in which the interaction occurs (Burr, 2003). This is in direct contrast to the quantitative assumption that there is a single reality that can be identified.

A variety of qualitative approaches exist that use different types of data and frameworks within which to understand the data (e.g. Howitt, 2013; Smith, 2009), but all aim to enhance understanding and meaning of a phenomenon, or of the experiences of participants. Qualitative data is perceived as subjective, based on the constructed reality of the individual and context (Willig, 2008). This focus on individual perspective allows for studies to explore a phenomenon in-depth, unrestricted by the need for existing hypotheses to be tested against. Qualitative approaches can therefore be utilised when deeper knowledge of a phenomenon is desired or to develop new theories in under-researched phenomena (Krahn & Putnam, 2005).

### **2.2.2. RATIONALE**

This study aims to develop an understanding of the emotional and psychological impact of interpreting within public service settings on spoken-language interpreters. As discussed in the previous chapter, there is a paucity of research in this area. Because of their focus on developing new theory, qualitative approaches are especially suited to areas that have been relatively under-researched (Elliott, 1995).

Due to this study's focus on exploring interpreters' perspectives on the emotional and psychological impact of their work, a qualitative approach was utilised to capture this rich, descriptive data about the meaning interpreters attribute to their experiences. A quantitative approach that attempted to quantify this experience and minimise individual perspectives would not meet the objectives of this research.

## 2.3. CONSTRUCTIVIST GROUNDED THEORY

### 2.3.1. OVERVIEW

Grounded theory was initially developed as a research methodology that enabled the development of new theories at a time when deductive research focusing on testing existing theories was predominant (Glaser & Strauss, 1967). In this objectivist grounded theory process, the researcher was perceived as 'separate' from the research and therefore the impact of their own values and experiences was not thought to contribute to the research process (Martin, 2006). Several schools of grounded theory have since been developed including social constructivist (Charmaz, 1995, 2000, 2014), methodical hermeneutics (Rennie, 2000) and postmodern (Clarke, 2003). All of these schools have the same iterative method of analysis, with an end result being an emergent theory that is grounded in the data on which it is based and encompasses its full complexity and diversity (Glaser & Strauss, 1967).

Charmaz (1995, 2000, 2014) developed constructivist grounded theory as a means of incorporating social constructionist ideas of the researcher bringing their own social construction of reality to the research process, thereby co-constructing meaning with the research participant. According to Charmaz (2014), constructivist grounded theory *'places priority on the studied phenomenon and sees both data and analysis as created from shared experiences and relationships with participants and other sources of data... it not only theorises the interpretive work participants do but also acknowledges the resulting theory is an interpretation.'* (p.239).

Constructivist grounded theory follows a similar iterative analytical process to grounded theory, and this includes coding, categorising and analysing similarities and differences between codes and categories. However, the social constructionist viewpoint is incorporated through acknowledging that the emergent theory is an interpretation of the data that cannot be separated from the researcher's own views and the shared reality co-constructed with the research participant. A reflexive approach to the research process is therefore necessary to make explicit the

researcher's assumptions and preconceived ideas that inform interpretation of the data (Charmaz, 2014).

### **2.3.2. RATIONALE**

Grounded theory was chosen for the current study because of its focus on developing new theory in under-researched areas (Glaser & Strauss, 1967). As there is a paucity of research exploring the emotional and psychological experience of public service interpreting, the use of grounded theory was deemed appropriate.

It is important that qualitative researchers choose a research method that reflects their own epistemological orientation (Willig, 2008). Constructivist grounded theory was therefore chosen as it aligns with the author's own viewpoints about the co-construction of reality between researcher and research participants and the role of social context within this, whilst also allowing for the development of a theory grounded in participants' narratives. Section 2.4.2 further details the author's position within the research process.

The author acknowledges that other qualitative research methodologies could have been utilised, such as interpretative phenomenological analysis (Smith, 1996). This approach focuses on the individual experience of the participants and the meaning attributed to these experiences by the individual (Smith *et al.*, 2009). However, it was felt that constructivist grounded theory would provide a richer understanding of the emotional and psychological processes associated with interpreting in public service settings through its focus on the relationships between multiple perspectives and the production of an overarching theory that encompasses similarities and differences within these.

## **2.4. ENSURING QUALITY**

The criteria on which the quality of qualitative research is judged depends largely on the researcher's epistemological viewpoint (Howitt, 2013). As a result, there is little consensus on specific criteria that should be used. Several sets of guidelines exist

for quality assurance within qualitative research (e.g. Tracy, 2010; Henwood & Pidgeon, 1992). The guidelines described by Elliott *et al.* (1999) are used for the current study as it emphasises issues of validity and grounding, as well as the researcher's own position with respect to the data, which fit well with the epistemology of constructivist grounded theory.

Elliott *et al.* (1999) describe a set of seven guidelines, derived from 40 quality standards developed from previously published quality standards. These were developed as a means of ensuring quality within qualitative research, as well as encouraging scientific reviews of studies utilising qualitative approaches. The application of these quality standards to this study is discussed below.

*1) Owning one's perspective:* The author(s) should disclose beliefs, values and assumptions they hold prior to data collection and as they develop during the research process. Through being transparent about their position within the research, authors can aid the reader's understanding of the data and different ways in which it could be interpreted (Elliot *et al.*, 1999). A statement of the author's position in relation to the current study is included in section 2.4.2. Additionally, a reflective journal was completed to aid recognition of assumptions and values that developed throughout the research process (see Appendix E for extract).

*2) Situating the sample:* The provision of sufficient information about the research participants is important, including demographic data and life circumstances that enable the reader to judge these against the study's findings. Participant demographics are detailed in section 2.7.3. Data thought relevant to the findings of this study included age, number of years working professionally as an interpreter, settings in which the interpreter had interpreted and country of origin.

*3) Grounding in examples:* The author should provide examples of raw data to help the reader understand the process of analysis and the resulting understanding of the research question. This allows the reader to judge the fit between raw data and the resulting understanding. Chapter Three details the analytic process and provides direct quotes that reflect each component of the theory presented.



*4) Providing credibility checks:* Measures should be taken to check the credibility of their themes or categories. The extent to which these fit the data is known as validity within qualitative research (Howitt, 2013). Credibility checks can include discussing the analysis results with original participants or individuals with similar characteristics or reviewing the findings with another qualitative analyst. The process of triangulation for the current study is detailed in section 2.9.7. This included discussion with two other trainee clinical psychologists about the grounded theory process and the emergent theory.

*5) Coherence:* A coherent narrative of the presented understanding should be produced that integrates all components of the analysis as well as finer details. This could include figures to help the reader understand the relationships between different components supplemented by a verbal narrative. Chapter Three details the findings of this study. This includes a diagrammatic representation of the study's findings and a narrative account detailing the relationship between different components of the emergent theory.

*6) Accomplishing general vs. specific research tasks:* For studies exploring a general understanding of a phenomenon, the findings should be based on an appropriate range of participants and/or situations. Limitations of the generalisability of findings to other contexts should be specified. This study aimed to gain a general understanding of how interpreters process and cope with the emotional impact of their work in public service settings. The findings of this research are considered to be generalisable to populations that represent the sample of participants used in this study. This is discussed further in Chapter Four.

*7) Resonating with readers:* The research should be presented in a manner that resonates with the reader. This could be in terms of the reader feeling that the research findings accurately represent the phenomenon discussed or that their understanding of the phenomenon has been increased. The clinical and academic supervisors of this study provided feedback on drafts of this report to ensure resonance with the reader was achieved.

### **2.4.1. PERSONAL AND PROFESSIONAL REFLEXIVITY**

Reflexivity refers to the researcher's ongoing process of reflecting on their own contribution to data collection and analysis and how this relates to the research findings presented (Fischer, 2009). It is therefore a central tenet of constructivist grounded theory that the researcher needs to be aware of the values, beliefs and assumptions they bring to the meanings they co-construct with participants (Charmaz, 2014). Willig (2008) suggests that reflexivity should encompass both personal and epistemological reflections. This involves awareness of one's own values as well as issues such as how the research question and study design have impacted on data collection and analysis.

A reflective journal was completed by the author throughout the research process to aid awareness and understanding of beliefs and preconceived ideas that informed the construction of understandings throughout the research process (see Appendix E for extract). This was utilised to inform the 'position of self' presented below that aims to make explicit these considerations. The principles of bracketing described by Ahern (1999) have been used to inform this statement, including consideration of the position of individuals who acted as gatekeepers for recruitment of participants.

Ahern (1999) suggests that reflexive bracketing should take place throughout the research process, from preparation to post-analysis. This involves the researcher identifying their own interests and personal values in relation to the research, feelings that could indicate a potential source of bias and gatekeeper interests that could generate role conflicts. Where bias is identified, the researcher should consider correcting this through re-analysing the transcript or re-interviewing a participant. After analysis, Ahern (1999) suggests reflecting on factors such as whether one participant is quoted more in the research report than others and considering how supporting literature fits into the research findings.

### **2.4.2. POSITION OF SELF AND GATEKEEPERS**

As discussed previously, a 'position of self' encourages the researcher to reflect on the beliefs that have contributed to their construction of the research data and also makes this explicit to the reader so they can judge the impact of these on the

research findings presented (Elliott *et al.*, 1999). Throughout the research process, the author has made a conscious effort to reflect on whether the beliefs and values detailed in the following statement have impacted on the construction of meaning developed with research participants and the emergent theory discussed in Chapter Three.

I approach this research as a 28 year-old, white British female. I am in my final year of a doctoral programme in clinical psychology and completed this research as partial requirement for completion of this course. I come from a working class background and grew up in an economically deprived area of south Wales. Politically, I identify myself as left-wing, with beliefs that people have the right to access free health, education and legal services, which may be a potential bias given this study's focus on interpreting within public services.

My interest in psychology stemmed from a belief that all people should be empowered to have a voice and opportunity to make sense of their narratives in life. Clinically, I have worked with children and adults with mental health and/or learning difficulties. This work has reinforced beliefs about the power of individuals understanding their own narrative within the societal context that they live in. I would therefore position myself epistemologically as a social constructionist, as I believe that our construction of reality is shaped by our experiences and interactions within the societal and political contexts in which we are situated. Additionally, my clinical work has raised my awareness of the potential impact of trauma on mental health and I have considered mediating factors such as coping and resilience with service-users who have experienced trauma. This also means that I have listened to individual accounts of trauma within public services and therefore this might affect my impartiality as a researcher.

Although I worked in ethnically diverse areas in England and Wales before commencing my doctorate, I had not worked with anybody who did not speak English as a first language. I also did not know any non-native English speakers or interpreters in my personal life. My interest in public service interpreters began when I worked with an interpreter during my first clinical placement at a dementia clinic. At the end of the session, I found myself reflecting on the emotional content of the

conversation that was interpreted and how the interpreter processed this, in the context of them telling me that they did not usually have an opportunity to speak to professionals before or after the session. This caused me to explore the professional background of interpreters and eventually drew me to the topic explored in this study. This may affect my impartiality as a researcher. I hope that this study will inform the provision of support systems for public service interpreters which also may be a potential source of bias.

The gatekeepers for this study were two public service interpreters who provide training to public service interpreters in south Wales. They both had clear agendas of promoting research with public service interpreters in the hope of informing the development of support systems and guidelines for working with this population. This is a potential source of bias through their conversations with myself in the development of this research and the recruitment of participants. The gatekeepers also contacted potential participants via email for this study, although potential bias was minimised through the distribution of a standard email to all course graduates.

The clinical supervisor for this research is a clinical psychologist working within learning disability services and is a principal lead on the doctoral programme for which this research has been completed. The clinical supervisor has close links with the gatekeepers through her capacity of organising teaching for clinical psychology trainees. This may affect her impartiality during credibility checks. The academic supervisor is a clinical psychologist working within adult mental health services and is also the research director for the same doctoral programme. The academic supervisor has extensively read and conducted research within the trauma field which again may be a potential source of bias within this research. The two trainee clinical psychologists with whom triangulation was completed were also conducting research projects utilising a grounded theory approach. They would have experienced similar clinical situations to those I have discussed in relation to myself due to the nature of the doctoral programme. However, neither had experience of working with foreign language interpreters.

## **2.5. DESIGN**

### **2.5.1. OVERVIEW**

This study utilised constructivist grounded theory as a qualitative approach. Semi-structured interviews were used to explore the emotional and psychological impact of interpreting within public services. Public service interpreters working within south Wales and south-west England were interviewed. Participant details are included in Section 2.7. Participants were recruited through public service interpreting training courses held in south Wales. Further information about these courses is provided in Section 2.5.2.

All interviews were conducted in English and were recorded onto a MP3 recording device. The initial interview schedule covered broad areas of the emotional and psychological experience of interpreting in public services to allow participants to develop their own narratives and experiences. The interview schedule was adapted after each interview to allow for further exploration of common themes present during these initial interviews, in line with grounded theory guidelines (Charmaz, 2014). The development of the interview schedule is illustrated in Appendix F.

### **2.5.2. SERVICE/RESEARCH CONTEXT**

The context in which public service interpreters work within the UK is detailed in Chapter One (Section 1.5). All participants were recruited through public service interpreting courses held in south Wales. These courses are partially funded by the Welsh Government and aim to provide training in public service interpreting, largely focusing on the technical aspects of interpreting within public service settings but also considering topics such as professional conduct. The emotional and psychological impact of public service interpreting is not included within the course curricula. The courses are facilitated by two public service interpreters and have affiliations with the doctoral programme in clinical psychology through provision of teaching to trainees about working with interpreters.

Prospective students must have obtained the equivalent of a certificate of higher education in order to attend these courses. It is recommended that students attend a

ten-week introductory course about the ethics and practicalities of public service interpreting, before specialising in longer courses about interpreting within health and law services. The health and law interpreting courses are nineteen weeks long (57 hours in total) and follow the DPSI curricula for these topics. Course attendees can take a DPSI exam in health or law after completion of the courses to assess their proficiency in interpreting (Section 1.5.3.2 (Chapter One) provides detailed information about the DPSI). Interpreters working within Wales receive higher rates of pay if they have obtained the DPSI qualification.

## **2.6. RESEARCH GOVERNANCE**

### **2.6.1. ETHICAL APPROVAL**

Ethical approval was granted on 06.08.2014 by Cardiff University School of Psychology Research Ethics Committee (Study Reference Number: EC14.07.01.3816R; see Appendix G). Informed consent, confidentiality and participant welfare were considered to ensure the research met ethical standards.

#### **2.6.1.1. Informed Consent**

The British Psychological Society 'Code of Human Research Ethics' (British Psychological Society, 2014) was followed to ensure that informed consent was obtained. Participants were provided with information sheets detailing: the purpose of the study; inclusion criteria and exclusion criteria; what participants could expect from participation in the study; procedures followed to ensure confidentiality and data protection; informed consent procedures; potential benefits and disadvantages of participating in the study; and complaint procedures (see Appendix H). The author met with the recruiting organisation to review the information sheet to ensure that information was easily understandable by readers whose first language was not English.

Potential participants received an electronic copy of the information sheet on first contact, prior to their decision to participate in the interview. The author also read

through the information sheet with participants before commencing the interview to ensure that language and/or literacy difficulties were accounted for when gaining informed consent (Mental Capacity Act, 2005). Potential participants were given the opportunity to ask any questions they had at this point. If they desired to continue with the interview after this, they were asked to complete a consent form (Appendix I). The consent form summarised the main points of the participant information sheet, asking participants to confirm that they understood these. An item asking participants if they would like to be contacted regarding participation in a focus group discussing the initial findings of the study was also included.

#### **2.6.1.2. Confidentiality**

Guidelines followed to ensure confidentiality was maintained included the British Psychological Society's Code of Ethics and Conduct (2009); Generic Professional Practice Guidelines (British Psychological Society, 2008a) and Data Protection Act (1998).

Due to the small population of interpreters working within south Wales and south-west England, confidentiality was emphasised throughout the research process. Consent forms were the only documents containing participant names, but the demographic checklist also contained potentially identifiable data. Consent forms and demographic checklists were therefore kept in separate locked cabinets within the university psychology department. In addition, anonymised transcripts were stored separately from these documents and the interview recording deleted at the first opportunity after transcription. Participants were made aware through the participant information sheet, consent form and debriefing sheet that deletion of the audiotape was the point at which their data could not be traced back to them, therefore consent could not be withdrawn from this point (see appendices H, I & J).

Participants were also informed that the author was bound by confidentiality according to Cardiff and Vale University Health Board (2015a) policy. Conditions in which confidentiality may be broken were detailed in the information sheet and reiterated in the consent form. These conditions were described as the participant informing the author of something that meant they or somebody else were at risk of

harm. Participants were made aware through the consent form and information sheet that the clinical supervisor would be informed if these conditions were met and that relevant agencies would be informed if this was deemed necessary. As the interview asked about examples of clinical practice, there was also a risk that participants might reveal confidential information about cases they worked with. Participants were encouraged to change names and other identifiers wherever possible through the information sheet and verbal information prior to interview. These details were also changed in the transcription to ensure that confidentiality was maintained.

Participants were informed that all personal identifiers, including names, location and references to their native language would be removed and pseudonyms used in their place to ensure their anonymity. This was emphasised in the information sheet and verbally during the interview introduction. To further ensure confidentiality, demographic information detailed within this thesis will be clustered as a means of protecting participant identities. This was deemed necessary due to the small population of interpreters working within south Wales and south-west England. Therefore gender-neutral pseudonyms have been used, age ranges have been presented rather than actual age, country of origin has been clustered and a range provided for the number of years the participant had been working as an interpreter prior to interview.

The measures implemented to ensure confidentiality through data management are detailed in section 2.8.4.

#### **2.6.1.3. Ensuring Participant Welfare**

As participants were asked to talk about experiences that they found emotionally affecting, a risk management strategy was devised to ensure that a participant would receive support if they became distressed during the interview. This was developed through collaboration with the clinical supervisor and recruiting organisation. Through these discussions, it was identified that the most likely outcome of any distress would be a request for further support. It was decided that the author, as a third year trainee clinical psychologist, could provide emotional support if the participant became upset during the interview. The debriefing form (Appendix J) provided



contact details for the author and clinical supervisor should participants feel they required further support after the interview and local third sector organisations were identified for signposting should this contact be initiated. No participants initiated contact for further support.

The risk of finding the interview discussion distressing was highlighted in the information sheet and during the verbal introduction to the interview. Participants were informed that if they became distressed during the interview they could take a break from the interview or ask to stop altogether. It was felt that prior knowledge of the potential risks of participating would allow for minimisation of distress through facilitating a process whereby participants felt they could withdraw from the study at any point. One participant asked to pause the interview as a result of feeling distressed but wished to resume after approximately five minutes.

## **2.7. PARTICIPANTS**

### **2.7.1. SAMPLE**

All participants were public service interpreters working within south Wales and south-west England. As discussed in Chapter One (Section 1.5), public service interpreters work on a freelance basis, through specialist interpreting agencies. Participants were recruited from training courses in public service interpreting as this was believed that it would provide a diverse sample of public service interpreters with a similar level of training. Through this there was a potential sample of 80 public service interpreters. A total of 17 individuals expressed their interest in participating in the study, with ten of these continuing with the interview after initial contact from the author. A sample size of ten is often recognised as sufficient for grounded theory (Charmaz, 2014). Limitations of the sample will be further discussed in Chapter Four.

### **2.7.2. INCLUSION AND EXCLUSION CRITERIA**

Participants were included in the study if they met the following inclusion criteria:

- At least two years working as a public service interpreter
- Working as an interpreter on a regular basis at the time of interview (at least monthly)
- Worked in a range of public service settings, e.g. police, health, social services, courts.

Exclusion criteria were set for the participant sample but did not have to be applied. Potential participants would have been excluded from the study if they were not deemed to have capacity at the time of interview by the author in lines with the Mental Capacity Act (2005). Individuals working as translators or community support workers rather than professional public service interpreters would also have been excluded from the study.

### **2.7.3. PARTICIPANT DEMOGRAPHICS**

Nine females and one male participated in the study. Gender-neutral pseudonyms have been used to protect confidentiality. The average age of participants was 41.8 years. All participants had been working as a professional interpreter for more than two years, the average duration being 6.3 years. Range is not reported to protect participant confidentiality. Most participants lived and worked within south Wales, apart from two participants who also worked in south-west England. Table 2.1 summarises the participant demographics.

**Table 2.1. Summary of participant demographics**

Participant (pseudonym)	Age range	Country of Origin	Language(s) Interpreted	Number of years worked professionally as an interpreter	Number of different public service settings in which interpreted
Sam	40-49	Eastern Europe	Country of Origin	5-9	10
Leslie	40-49	Western Mainland Europe	Country of Origin	5-9	8
Alex	60-69	Middle East	Country of Origin and Western Mainland Europe	10-14	11
Lee	30-39	Eastern Europe	Country of Origin	5-9	9
Charlie	40-49	Eastern Europe	Country of Origin	5-9	10
Robin	40-49	Eastern Europe	Country of Origin	2-4	9
Jordan	30-39	Eastern Europe	Country of Origin	2-4	7
Chris	30-39	Eastern Europe	Country of Origin	2-4	8
Pat	40-49	Western Mainland Europe	Country of Origin	10-14	10
Lynn	40-49	Eastern Europe	Country of Origin	5-9	8

Seven participants were from Eastern Europe. This region includes countries such as Croatia, Czech Republic, Hungary, Poland, Romania & Moldova, Russia and Slovakia. Two participants were from Western Mainland Europe. Countries included in this region include Austria, Belgium, France, Germany, Italy, Netherlands, Portugal and Spain. One participant was from the Middle East. This includes countries such as Cyprus, Egypt, Iran, Israel, Jordan, Saudi Arabia, Syria and Turkey. All participants interpreted language(s) spoken in their country of origin, apart from one interpreter who also interpreted languages from Western Mainland

Europe. Three participants had interpreted for service-users from Africa or South America as their native language was also spoken in certain regions of these continents.

All participants had experienced working within a wide range of public service settings. These included police, NHS physical and/or mental health inpatient and outpatient services, courts, probation services, social services, local education and housing services. Two participants had also interpreted for immigration services within the Home Office.

## **2.8. PROCEDURE**

### **2.8.1. RECRUITMENT PROCEDURE**

The author met with the recruiting organisation (tutors of public service interpreting courses) and obtained permission from them to recruit participants from their courses (see Appendix K). Once ethical approval was obtained, graduates of the courses were contacted via email by the recruiting organisation to inform them of the study and provide the participant information sheet if they subsequently expressed an interest in participating. Consent had been obtained by the recruiting organisation to contact these individuals about any research opportunities at the time of their graduation. Current students of the course were informed of the research through the author's attendance at their last course session. Those who expressed their interest in participating in the study were then emailed the participant information sheet by the recruiting organisation. Individuals who were interested in participating in the interview then contacted the author via a Cardiff University email address or telephone number provided on the participant information sheet (see Appendix H).

### **2.8.2. CONSTRUCTION OF INTERVIEW SCHEDULE**

Semi-structured interviews allow for the collection of rich, detailed data while giving the participant a voice in the researched phenomenon (Howitt, 2013). The interview schedule for this study was developed in collaboration with the academic and clinical

research supervisors, with additional input from the recruiting organisation. As participants were likely to be non-native English speakers, the initial interview schedule was piloted with a public service interpreter who provided feedback that all questions were relevant and easy to understand.

The framework for developing interview schedules was followed as suggested by Charmaz (2014). The initial interview schedule aimed to cover a broad area to ensure participants were able to bring their own narratives and experiences to the interview. This included questions about the general experience of interpreting to help build rapport and put the participant at ease, before proceeding to more specific questions about emotional and psychological experiences during public-service interpreting assignments, any temporal changes to these experiences and any coping strategies used. Participants were also given the opportunity at the end of the interview to talk about anything they felt was not covered in the discussion. Themes from each interview were brought into subsequent interviews to gain richer information and facilitate the emergence of categories (Charmaz, 2014).

The interview schedule was adapted after the fifth interview to allow for the collection of richer information about recurrent themes present in previous interviews while still enabling participants to bring their own experience to the interview. These themes included the impact of the physical setting in which the interpreting takes place; the effect of interpreting for a service-user over several interpreting assignments; and the use of the interpreting code of conduct in dealing with the emotional impact of the work. The initial and adapted interview schedules are detailed in Appendix F.

### **2.8.3. INTERVIEW PROCEDURE**

Interviews were conducted in a setting familiar to the participant, either at their home or in a private room in the host building for the public service interpreting courses depending on participant preference. Cardiff and Vale University Health Board (2014a) lone working policies were followed when conducting interviews at participants' homes. Interviews were held at a time mutually convenient for the author and participant, depending on room availability. Before the interview commenced, the author read through the participant information sheet with the

participant and asked them to complete the consent form if they indicated that they wished to continue with the interview. After participants had provided their informed consent (see section 2.6.1.1), the author supported them to complete the demographic checklist (Appendix L). They were then asked questions from the interview schedule.

The average duration of interview was 69.8 minutes (range – 61 to 97 minutes). Participants were first asked general questions about their experience of interpreting to ease them into the interview situation and build a rapport (Willig, 2008). The order and wording of questions depended on the content of the participant's responses to aid conversation flow and response. Techniques such as asking clarifying questions, returning to earlier points and reflecting back the participant's viewpoint to check for accuracy were utilised during the interview to ensure the collection of rich, descriptive data (Charmaz, 2014). After the interview, participants received a copy of the debriefing form (Appendix J) and were given the opportunity to discuss any issues and to ask any further questions.

#### **2.8.4. DATA MANAGEMENT**

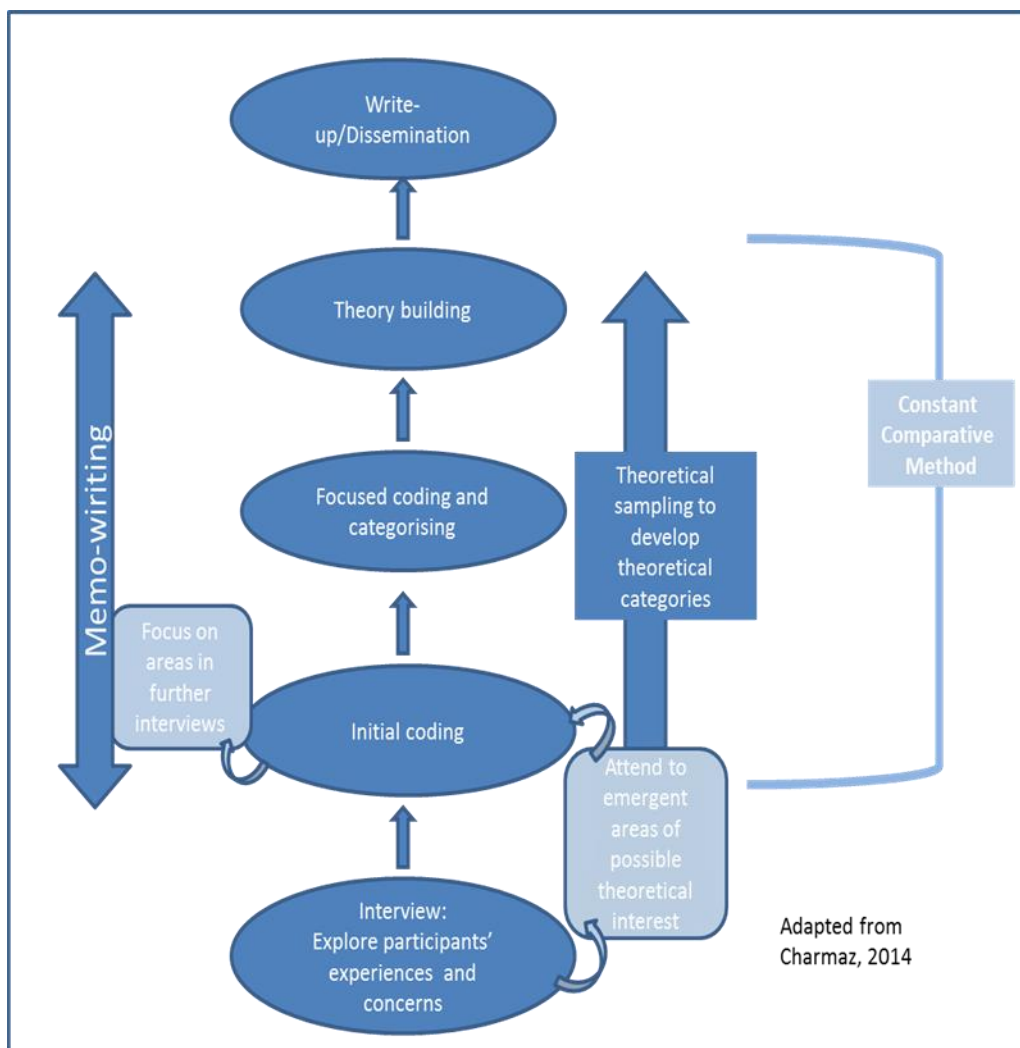
All interviews were recorded onto a MP3 recording device and loaded onto a password-protected computer, at which point it was deleted from the recording device. Transcripts were completed within a week of the interview. All transcriptions were completed on the same computer and typed into a password-protected document. The recording was deleted from the computer once transcription was complete. All participant identifiers were changed during the transcription process so that the completed transcript was fully anonymised. This included the omission of location and service names, and the use of pseudonyms in relation to both the participant and any third parties.

## 2.9. DATA ANALYSIS

### 2.9.1. OVERVIEW

Data was collected and analysed following the procedure described by Charmaz (2014; see figure 2.1). The analysis process began with transcribing the interview recording, before moving on to coding and categorisation. Coding was undertaken before each subsequent interview to facilitate the process of incorporating emergent themes into subsequent interviews, a central tenet of grounded theory (Glaser & Strauss, 1967). A limitation of this study is that theoretical sampling was not possible due to the time limits of the research and the small population of interpreters working in south Wales. The potential impact of this on the study findings are discussed in Chapter Four.

**Figure 2.1. Overview of constructivist grounded theory analytic process**



### **2.9.2. TRANSCRIPTION**

Transcription is an important part of the data analysis process as it provides the researcher with an intimate knowledge of the data (Howitt, 2013). Interviews were transcribed within one week of interview. All interviews were transcribed verbatim, excluding non-verbal utterances. The author made notes of initial thoughts about the interview data during the transcribing process which were then incorporated into the reflective journal and informed the identification of initial themes. These included both process and content issues, such as the emotions elicited in the author during the interview and any themes that appeared to have theoretical relevance. The transcripts of interviews were read repeatedly by the author before proceeding to further stages of analysis in order to gain familiarity with the material.

### **2.9.3. CODING**

Coding is a key process in grounded theory, facilitating the conceptualisation of fragmented pieces of data into a theory that encompasses the complexity of the data (Holton, 2007). Initial coding ensures that analysis is grounded in the collected data and that the influence of preconceived theories and assumptions is minimised (Charmaz, 2014). Interview transcripts were initially coded on a line-by-line basis. This involved the author analysing each line and assigning it a label that was thought to describe the piece of data. Line-by-line coding was used to produce a manageable set of descriptive codes, but also to minimise the risk of generating codes that only reflected what the author felt drawn to in the data. The author utilised techniques to ensure that the codes remained grounded in the data, such as utilising participants' own words in the labels (Willig, 2008) and wherever possible coding the data as actions to prevent the author attempting to fit the data into theoretical knowledge gained from initial literature reviews (Charmaz, 2014). An excerpt of a transcript after initial coding is included in Appendix M.

The most frequent and significant initial codes were then used to sift through the remainder of the interview data. This is referred to as 'focused coding' and facilitates the process of categorisation through developing descriptive codes into more conceptual codes that can then be utilised to inform the emergent theory (Charmaz, 2014).



#### **2.9.4. CATEGORISATION**

Focused codes were utilised to inform the development of categories as described above. Codes that shared themes or patterns were also conceptualised into categories (Charmaz, 2014). The author identified both descriptive categories (e.g. the core category of '*emotional state*' that described the different types of emotions participants discussed) and analytic categories that interpreted the data (e.g. the core category '*personal coping strategies*' for behaviours such as self-talk, taking part in enjoyable activities and talking to others). Through this process of increasing abstraction of categories, subcategories were developed which were then subsumed into higher-level analytic categories (Willig, 2008). A diagrammatic representation of the categories identified in this analysis is included in Chapter Three.

#### **2.9.5. CONSTANT COMPARATIVE METHOD**

The constant comparative method involves the comparison of data for the purpose of identifying similarities and differences both within and between categories (Glaser & Strauss, 1967). This ensures that all variations within the data are captured by the analysis and aids the identification of further subcategories and higher-order categories through the constant comparison of data at all levels of the analysis (Charmaz, 2014). Negative case analysis was also utilised to facilitate this process, whereby the author identified instances that did not appear to fit with the emergent categories and analysed these further (Strauss & Corbin, 1990).

#### **2.9.6. MEMO WRITING**

Memos were written throughout the data collection and analysis process. This allowed for the creative exploration of ideas about codes, categories and the links between them, informing the increased abstraction of the analysis (Charmaz, 2014). This included both narrative and diagrammatic memos involving the clustering of codes. An example of a memo can be found in Appendix N.

### **2.9.7. TRIANGULATION**

Several procedures were implemented to ensure good fit of data with the final analysis and resonance with the reader. This included feedback from both the clinical and academic supervisors on draft formats of the results described in Chapter Three. The clinical supervisor also provided input and feedback at all stages of the analytic process, through regular meetings with the author where the process of abstraction to focused codes and higher order categories in relation to the current study's findings was discussed.

Additionally, the analytic process and the emergent themes were discussed with two other trainee clinical psychologists who utilised grounded theory as their methodology for their own research projects. A focus group was planned with participants to discuss the initial research findings, but this was not possible within the research timeframe.

# Chapter Three: Results

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## 3.1. CHAPTER OVERVIEW

This chapter presents a constructivist grounded theory of the emotional and psychological impact of working as an interpreter within public services, based on ten semi-structured interviews with foreign language interpreters. A detailed description of the analysis procedure can be found in Chapter Two (Section 2.9). Through this analytic process, interview data was organised into five themes, 14 core categories, 25 categories and 14 subcategories. To facilitate ease of reading, **THEMES** have been denoted in bold and underlined uppercase; **CORE CATEGORIES** in bold uppercase; **categories** in bold lowercase and subcategories in underlined lowercase.

The five themes identified represented the **PUBLIC SERVICES** in which participants worked, and the **RELATIONSHIPS WITH CLIENTS** they developed while interpreting within these services. The **EMOTIONAL EXPERIENCE** and **PSYCHOLOGICAL CHANGES** that occurred as a result of these were also explored. Finally, the contributing factors that led to participants **COPING** with the emotional and psychological impact of interpreting within public service settings are explored. Data saturation occurred after the first seven interviews, as evidenced by no further new codes or themes being identified in subsequent interviews.

A diagrammatic summary of each theme is presented prior to a detailed explanation of each analytic component of the theme (see Figures 3.1, 3.2, 3.3, 3.4 & 3.5). Finally, a diagrammatic summary (see Figure 3.6) of the entire grounded theory is presented which is an amalgamation of all five themes and the relationships between them. This structure reflects the inductive nature of the analysis, with the abstraction to theoretical level occurring at latter stages, leading to the constructivist grounded theory presented. A narrative summation of this theory is detailed in Chapter Four.

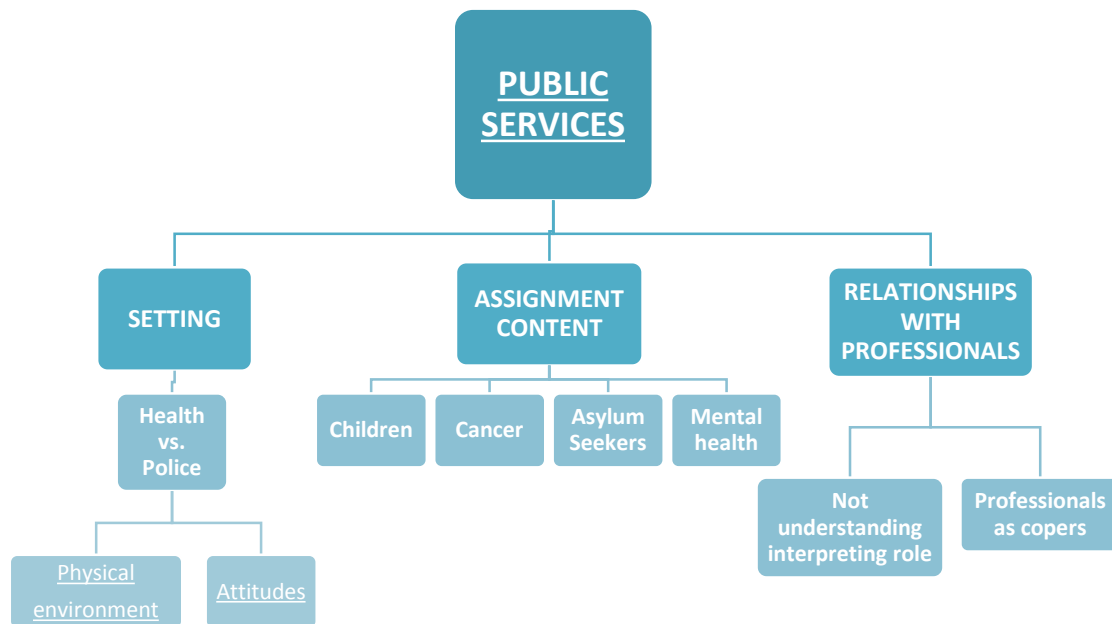
## 3.2. PRESENTATION OF RESULTS

### 3.2.1. THEME ONE: PUBLIC SERVICES

The theme **PUBLIC SERVICES** reflects participants' descriptions of the public service settings in which they worked and the relationships they developed with professionals working within these. Three core categories were identified within this theme: **SETTING**, **ASSIGNMENT CONTENT** and **RELATIONSHIPS WITH PROFESSIONALS**. All of these factors appeared to impact on the **EMOTIONAL EXPERIENCE** of interpreting within public services, as discussed in Section 3.2.3.

When considering this theme, participants identified how the **SETTING** of the public services affected their experience of the interpreting assignment. A distinction was drawn between the formality of police services and the less structured environment of health services. Specifically, the physical environment and attitudes of the service were perceived as being particularly distinct within these services. Additionally, participants described how the **ASSIGNMENT CONTENT** within public services impacted on the emotional experience. Public service assignments that involved **children, cancer, asylum seekers or mental health** were experienced as particularly emotionally challenging by participants. Finally, participants described their **RELATIONSHIPS WITH PROFESSIONALS** within public services. This was characterised by a misunderstanding of the interpreting role and the perception of **professionals as copers**. Figure 3.1 summarises each component of the analysis that contributed to this theme.

**Figure 3.1. Overview of PUBLIC SERVICES theme**



### **CORE CATEGORY ONE: SETTING**

Participants' descriptions reflected the wide variety of settings in which they interpreted, including social, police, health, education, legal and immigration services. Participants often moved between these different settings in quick succession, which was experienced as difficult by some participants due to the vast difference between separate public services:

*Robin: "It is just draining, different adjustment... you've got one assignment in hospital, mental health set-up but they're not listening and in hospital. Then eye surgery for a little kid and then you've got afternoon another assignment with a social worker and it's about them putting someone's children on child protection register, completely different set-up to what I just did. It can be quite draining"*

*Alex: "I do remember some dreams where I'm screaming, I'm saying go away. Yeah. Or stop. That sort of thing. Yeah. Or I remember a dream where I'm locked up in a cage... sometimes, you know, I may go from one job to another to another so, you know, I may have a hospital interview in the morning and then a police one in the afternoon. So I suppose in my dreams things get jumbled up or re-processed in the brain"*

### Category One: Health vs. Police

When describing the type of **SETTING** in which they worked, participants drew a distinction between **health vs. police** services. This appeared to reflect the boundaries and established procedures that the police environment provided compared to the less-structured, perceived chaotic environment of health services. The majority of participants reported that they experienced police settings as the least challenging environment to interpret in compared to health, perhaps due to the containment they provided:

*Sam: "Well, quite, in the health environment very often I'm afraid. With the, with the police and courts, you know, courts there is a regime, there is a set-up, there are ethics and I feel that, you know, I don't, I don't have to - things work certain way because it's the whole complex situation and they are used to interpreters as well and they shouldn't, they know they shouldn't cut corners"*

However, one participant described how they experienced the formality of the police station and their procedures as an added pressure:

*Robin: "I found police kind of emotional because I felt quite pressured. I think it is because at the reception they will say law and stuff because I haven't been to a police station before so I found it quite overwhelming. I thought well, I will think that if I make a mistake then somebody might end up in jail for these things"*

#### Subcategory One: Physical Environment

Highlighting the difference between health and police settings, participants spoke about how the physical environment differed between these settings. Although the police setting was generally experienced as less challenging due to access to separate waiting areas and the strict procedures in place, some participants described how the physical environment was experienced as intimidating:

*Alex: " the first time I went to a police station and the policeman had to open these big steel doors with bunches of keys and so on. I was quite frightened"*

Additionally, participants discussed how they were more likely to be offered a separate waiting area in a police station compared to health services. The use of separate waiting areas was preferred by participants due to implications for the nature of their **RELATIONSHIPS WITH CLIENTS** which is discussed further in Section 3.2.2.

*Charlie: "in police setting it doesn't happen because you never, you never alone with, with the person interpreting for an adult. Sometimes the police officers are aware of this, you can't be left alone. I always tell them this is not supposed to be happen and there are places I can go and wait. And let's say in a, when I go for a hospital appointment there is no place I can go and wait separately from, from the patient, so in, this is, this is what I meant by police and probation jobs being more structured, more formal"*

#### Subcategory Two: Attitudes

Participants also described a difference in attitudes between police and health services, with health services being experienced as time pressured and cost focused and police services being perceived as more accepting of interpreters. This perhaps also contributed to the sense of containment that participants experienced within police settings:

*Leslie: "maybe the attitude toward interpreters, let's say the police, is very much, well you're here because we need your services to make our service better... Whereas, I found that maybe in health settings they worry constantly about how much they're paying for your services"*

*Alex: "I have to understand that they are in a hurry, sometimes it's like a conveyor belt. Yes, unfortunately the NHS has sort of run out of money"*

### **CORE CATEGORY TWO: ASSIGNMENT CONTENT**

The core category **ASSIGNMENT CONTENT** pertains to the nature of the problem the client presented with during interpreting assignments. Participants were exposed to several accounts of traumatic events such as rape, murder, child abuse and human trafficking. Additionally, they encountered situations that had the potential to be directly traumatic, such as aggressive clients and stillbirths.

*Leslie: "there's degrees of, you know, upset and sometimes it can be rape or domestic violence, or child displaying sexual behaviour in school, or drugs or things like that, assault, you know, they, they, they're upsetting really"*

However, all participants gave examples of the types of assignments they experienced as particularly emotionally challenging. For some participants, the **role of shared experience** was a mediating factor in their emotional reaction to the content of the assignment (see Section 3.2.2.; Theme two: **RELATIONSHIPS WITH**

**CLIENTS**). Other participants spoke about how the uniqueness of the content of the session affected the emotional impact of the interpreting assignment:

*Charlie: "I knew he would die soon, everybody around knew he would die soon, he knew that as well so it was really, really hard to, to be there and look, see him in that condition... so it's really hard to, to forget things like this cos it's not something, you know, that happens regular really"*

*Alex: "I think if it's a unique thing like that it will stay with me for a long time, but if there are similar stories from the same country, sometimes they blur into one story"*

This core category is organised into four categories: **children, cancer, asylum seekers** and **mental health**. These were all subjects that participants identified as being particularly emotionally challenging for them to interpret. Participants may have been more likely to be exposed to these situations in health settings, but they have been considered separately from the core category **SETTING** as some span different public services, such as social, police and immigration services.

### **Category One: Children**

Most participants described how they experienced interpreting assignments involving the illness or mistreatment of children as emotionally challenging. Examples participants used to illustrate the emotional content of these assignments included stillbirths, shaken babies, children with cancer and child protection matters. All participants who spoke about this made sense of their emotional reactions through the role of **EMPATHY** which is discussed further in Section 3.2.2 (Theme two:

### **RELATIONSHIPS WITH CLIENTS**):

*Lee: "it's hard not to get attached if you see someone, especially a child who's really poorly because of someone... You feel sorry for them because they're the most innocent"*

*Charlie: "I guess in general I'm more sensitive when it comes to children and when something's gone wrong with children or, on one side, when there are health issues with the children or things like something's wrong with the pregnancy and where I kind of, I guess I, I may be empathising with that person a bit too much sometimes"*



## Category Two: Cancer

Another topic that participants described experiencing as emotionally challenging was cancer. This appeared to be related to the interpreter feeling that they were giving bad news to the client and the association of cancer with death:

*Chris: "I think oncology is the worst because it's just so, it can be so terminal and so, so suddenly and it's just horrible"*

*Charlie: "it was one of those cancers that are really hard to treat so they told him his chances were not very big. So telling him, I know it's not coming from me, but telling things like this to people is really hard because they have really, it's devastating news for them really so me being, and interpreting, being this person at this time, then you know, it's not really a nice situation then"*

Participants were also more likely to see a client with cancer more than once, thereby increasing the chances of **knowing the client's life story** which was identified as a mediating factor in the development of empathetic **RELATIONSHIPS WITH CLIENTS** by participants (Section 3.2.2).

## Category Three: Asylum Seekers

Participants also appeared to find hearing accounts from asylum seekers emotionally distressing. This appeared to be directly related to the content of the assignment, with participants describing their emotional reactions to the traumas the asylum seekers had experienced and discussed during the interpreting assignment:

*Alex: "I remember a very difficult case - they came as a family from {names country} and I think there was murder, rape, you name it, everything. And these things were perpetrated not just by militia but also by government forces. They enter small villages and the villagers are attacked by both sides with guns, so some people get killed, some people run away, some people get raped, and, you know, they just grab one or two children, run away and they don't know what's happened to the other children and so on. You know, they're very very distressing situations"*

## Category Four: Mental Health

Participants also spoke of their experiences while interpreting for people experiencing mental health difficulties. For some participants, this was experienced as emotionally challenging due to the fact that the clients they interpreted for were outwardly aggressive. An additional element of fear was added due to the fact they had no prior contact with people with mental health difficulties and therefore the

client's actions were perceived as unpredictable. However, for other participants the emotional challenge stemmed from professionals within mental health services who were experienced by participants as demanding:

*Robin: "mental health as I said, because it's not very common I find demanding. Some mental professionals I would just call them mentalists themselves"*

*Alex: "I've had a few mental patients, but this one sticks in my mind because he was really screaming and shouting. Yeah. And seeing the devil and angels... whatever it was it was scary"*

### **CORE CATEGORY THREE: RELATIONSHIPS WITH PROFESSIONALS**

This core category reflects the relationships interpreters developed with professionals during their interpreting experiences. It is organised into two categories: **Not understanding the interpreting role** and **professionals as copers**.

#### **Category One: Not Understanding the Interpreting Role**

Most participants spoke about their **RELATIONSHIPS WITH PROFESSIONALS** as being characterised by a misunderstanding of the interpreting role, leading to them being asked to step outside of their code of conduct. Some participants perceived this as public service professionals not recognising the interpreting role as separate from theirs:

*Leslie: "it causes problems because if they don't know how to do it, we obviously, we have a code of conduct and they might push us to do something, things wrong all the time and you're fighting constantly to not break your code of conduct and it's little things but they're constant and it's another added pressure"*

*Lee: "With doctors they treat us as a part of the team and they think we're one of them and we could just pass things and, yeah, give them a hand. Which is nice because we just fit in and it feels like, you know, we fit and we are there, but then they still have to remember we are just interpreter"*

As discussed in section 3.2.2 (Theme two: **RELATIONSHIPS WITH CLIENTS**), the **code of conduct** was identified by participants as a protective factor through enabling interpreters to maintain an emotional distance from the client. Therefore the

perceived pressure to step outside of the boundaries of this is likely to have had an emotional impact for participants.

### **Category Two: Professionals as Copers**

Some participants also described how they perceived professionals as copers. This appeared to provide a source of containment that enabled them to cope with the emotional impact of the content both during and after the assignment:

*Chris: "when I'm seeing those nurses in the wards, I mean, hats off to all of them. I don't know how they're doing it. I mean seeing all those kids, very ill, I still don't know how they're doing it, seriously."*

*Sam: "I know that, that it all was, it was all well managed so... I don't worry, I'm not frustrated"*

Linked with this, public service professionals were also perceived as potential sources of support as described in section 3.2.5 (Theme five: **COPING**).

### **3.2.2. THEME TWO: RELATIONSHIPS WITH CLIENTS**

All participants described their **RELATIONSHIPS WITH CLIENTS** as a contributing factor to the **EMOTIONAL EXPERIENCE** of interpreting within public services.

These appeared to be human, empathetic relationships, in contrast to their descriptions of **RELATIONSHIPS WITH PROFESSIONALS**, therefore

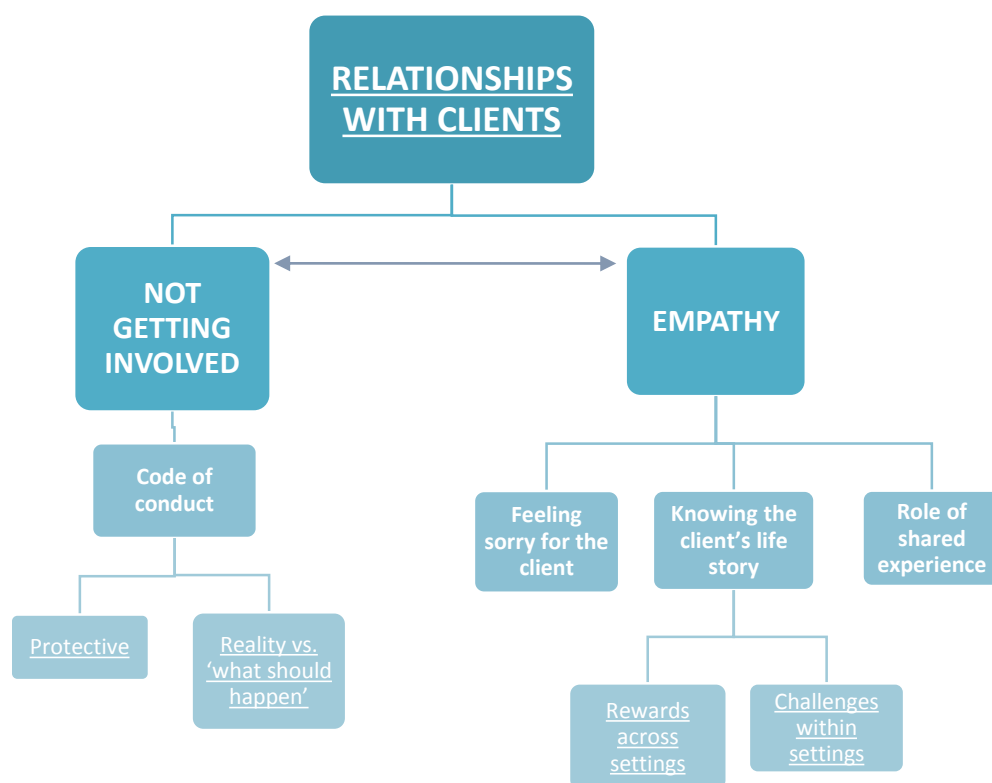
**RELATIONSHIPS WITH CLIENTS** has been considered as a separate theme.

When considering the relationships participants built with clients, two core categories emerged: **NOT GETTING INVOLVED** and **EMPATHY**. These two core categories are interlinked, in that not getting involved could be perceived as a **COPING** strategy to minimise the emotional effects of developing an empathetic relationship with the client.

Figure 3.2 illustrates the core categories, categories and subcategories that comprise this theme. A factor that affected the degree to which participants were able to achieve their goal of **NOT GETTING INVOLVED** with the client was the **code of conduct**, a professional standards document for public service interpreters. This was experienced as protective when participants were able to adhere to it, but the reality of working within public services was described as being a barrier to achieving

full adherence. Participants also described the empathetic relationships they developed with clients. This was more likely to occur if participants felt sorry for the client or if the client described a problem that was similar to the interpreter's own experiences within the assignment. **Knowing the client's life story** also increased the chances of participants experiencing empathy towards clients, which was more likely to occur if they saw the client on more than one occasion. Participants described how they found this emotionally challenging if they saw the client within the same public service setting, but could be rewarding if the contact occurred across different public services.

**Figure 3.2. Overview of RELATIONSHIPS WITH CLIENTS theme**



## **CORE CATEGORY ONE: NOT GETTING INVOLVED**

All participants described how they tried to maintain relationships with their clients on a professional level, which appeared to be in relation to maintaining an emotional distance from the client and their difficulties. This mirrors the separation of personal and professional life described within the theme **COPING** (section 3.2.5).

*Sam: "...not to get too involved with the - the patient'll try to chat to you and ask you to do other things for them, they bring a letter and they want, they want a lift, so you shouldn't get involved with that"*

*Lee: "I had quite a few people trying to add me on Facebook and it's like, oh no this is my private life"*

### **Category One: Code of Conduct**

This category reflects participants' descriptions of their use of the interpreters' code of conduct to maintain professional boundaries in their relationships with clients. In particular, the focus on impartiality and neutrality within the code of conduct was appreciated by participants:

*Alex: "You have to tell both parties that you don't take sides, you're totally neutral. Especially in an asylum interview, you know, the asylum seeker may think 'oh yes, you're one of us therefore you're gonna help me'. You know, I make, make it absolutely clear that I don't take sides, just because I speak his or her language it doesn't mean that I'm going to help them"*

#### **Subcategory One: Protective**

The benefits of the code of conduct were described by many participants. This appeared to be an important professional document for participants which they perceived as protective through enabling them to maintain an emotional distance from the client and also in negotiating their relationship with the client. Specifically, participants appreciated having this document that they could use as a reference point while explaining the role of the interpreter to clients when this was misunderstood. This helped participants to maintain their professional boundaries without feeling that they were being impolite towards the client and therefore potentially rupturing the relationship before the assignment had commenced:

*Lee: "you can always, you know, you've got the code of conduct and you can always hold back and say no I can't, this is our code of conduct. Which before I*

*never used that, I never said so. Even though I had my code of conduct I never thought of saying that, like just the excuse, but it's a good excuse, it works"*

### Subcategory Two: Reality vs. 'What Should Happen'

Participants acknowledged that it was not always possible to wholly adhere to the standards outlined in the interpreters' code of conduct due to the reality of working within public services. For some participants, this appeared to be related to the **PUBLIC SERVICES** in which they worked. In particular, participants described how the concepts of impartiality and neutrality detailed within the code of conduct were threatened by their exposure to clients before the interpreting assignment through the physical environment of some public service settings.

*Chris: "No matter what, no matter what training tells us, when I've been to training at the beginning with the NHS. It's just, it's nice to have the training, it's great, but it doesn't, it's not based on reality"*

*Alex: "suppose you have an assignment in a hospital, you arrive a little bit early, you come face to face with a patient. You may be sitting there waiting for the doctor for half an hour so you're talking to the person which you're not supposed to. You're not supposed to have private conversations but that's what happens in reality"*

As well as the physical environment, participants highlighted the discrepancy between reality and 'what should happen' through descriptions of their human reactions to the situations in which they interpreted. Specifically, there appeared to be a tension between being 'professional' and the emotional reactions that were evoked during interpreting assignments:

*Charlie: "obviously I do have, you know, opinions and thoughts about what's going on about the situations, I mean, because I'm only human, there's no way not to think about things, so obviously I, I sometimes think I want to do something to this particular person but obviously I will never say anything and I will never express my opinion in front of them or in front of service provider cos that's, that's not job. And I come home and get my frustration out"*

## **CORE CATEGORY TWO: EMPATHY**

This core category refers to participants' descriptions of sharing and understanding the emotions clients presented with during interpreting assignments. Maintaining a

professional relationship with the client through **NOT GETTING INVOLVED** appeared to protect against the heightened emotional reaction associated with this empathy. Participants described three factors that contributed to feeling empathy for the client: **Feeling sorry for the client; knowing the client's life story** and the **role of shared experience**.

### **Category One: Feeling Sorry for the Client**

Participants described a degree of sympathy for the clients they interpreted for within public services. This was more likely to be experienced if the client outwardly expressed their distress during the assignment, such as through crying or acting out the situation. This appeared to heighten the emotions interpreters experienced during the assignment, particularly sadness:

*Robin: "It was kind of upsetting because I felt really sorry for the man. I felt really sorry for the doctors and I suppose, well, I was thinking was why do I have to go through this myself"*

*Lee: "I'm really softy sometimes and I feel sorry for people and I can cry with everyone suffering"*

### **Category Two: Knowing the Client's Life Story**

Knowing the client's life history also appeared to affect the emotional reactions of participants during an assignment. This seemed to be associated with the interpreter finding it more difficult to maintain the focus on professional aspects of the interpreting assignment due to the empathetic response evoked by a broader awareness of the client's difficulties through the gaining of this information. The development of a more human relationship with the client due to the physical environment of public service settings was again reported by participants, with the lack of separate waiting rooms meaning they were more likely to learn this life history while waiting with the client before an interpreting assignment:

*Chris: "We cannot just be sitting next to each other and you know just not talk, it's just I find it silly. But that I think might be what makes it harder because... you sort of get to know the person through that, so whilst you're going in to see the doctor then some, some of those things sort of affect what you say and what you, how you, how you react because you sort of know the background"*

One participant described how they actively avoided conversations with the client before the interpreting assignment to avoid this heightened emotional reaction:

*Sam: "I think I've developed sort of being quite impersonal, just not talk too much to cos that, when they start telling you their life stories it's very difficult not to get too involved and then you get affected when they, when you're interpreting and they start saying something"*

Participants spoke about both the challenges and rewards of **knowing the client's life story**. In particular, participants were more likely to experience the effects as challenging if they saw the client more than once within the same setting for the same difficulty. Rewards were associated with interpreting for the client across settings, so that participants were able to see positive outcomes for the client.

#### Subcategory One: Challenges Within Settings

This subcategory reflects the challenges that participants reported experiencing when they interpreted for the same client over several interpreting assignments within the same public service setting. This appeared to be related to the interpreter-client relationship becoming more 'human' through the sharing of information between both client and interpreter during the repeated occasions they met:

*Jordan: "when you meet someone for the tenth time it's hard to, to stay impartial, it's hard to stay professional as you should be...I would feel sorry for such a person much much more and I would sympathise with them and I would probably think about what I can do to help them, yes. Emotionally that would - if I know a person and if I have interpreted a few times for them, emotionally it would have more impact on me."*

Some participants gave specific examples to highlight the emotional impact of getting to know the client through interpreting for them on more than one occasion:

*Lee: "I was with him through the whole process. From the very first day when they done first tests, when he found out he got cancer, we went for chemo quite a few times and eight hours in {names local hospital} surrounded by, by chemo and people with cancer and, yeah it was a long journey for quite a few months, long journey... I try not to get close to people and sometimes, sometimes it's impossible"*

As a result of the development of this human relationship, participants appeared to experience a sense of personal responsibility for the client. Additionally, some



participants described how this resulted in them becoming attached to the client, which in turn made it difficult to maintain professional boundaries. This was described as 'crossing the line', whereby participants were aware that they had transcended the professional boundaries of the interpreter-client relationship. At this point, they turned to their **SUPPORT SYSTEM** (Section 3.2.5; Theme five: **COPING**) for guidance.

*Chris: "I got asked if I'm happy to be with the family the whole time or if I want, for example, to alternate with someone else... and I didn't want that because I just wanted to be there for the family and they got used to me so they were always just requesting me to be there... So it's just, it is a huge responsibility, I do feel a huge responsibility with them"*

*Pat: "I thought, this is wrong but I don't think, I don't think it is that wrong. And this, there's a lady who's a head of an agency who's my agent, I get on very well with her, we can, we get on very well together and I just thought I need some advice, I need some professional advice... I just really needed to speak to somebody about it because I thought, am I getting too involved, where do I draw the line, what am I going to do about this"*

#### Subcategory Two: Rewards Across Settings

Although most participants described how they found it emotionally challenging when they interpreted for the same client on more than one occasion, some participants also spoke of the rewards they experienced when they came across clients in a different setting to the original interpreting assignment. This appeared to be related to the interpreter experiencing a positive outcome with the client, when their original encounter was negative:

*Alex: "But sometimes I see the same people in a different context, like three months down the line I may see them in an outpatients clinic in the hospital... It's mainly positive. Yes, yes. I remember one case, a young girl from {names country} who was raped and then she gave birth to a little boy. She bonded very well with him despite the horrible experiences she had in her own country. Yeah, little boy's three now. She's doing well, yes. She wants to learn English, she wants to learn IT"*

#### **Category Three: Role of Shared Experience**

Participants also talked about the role of shared experience in relation to empathising with the client. In particular, participants described how the emotional experience was heightened if the client shared something similar to the interpreter's own experiences. For some participants this was something within their personal

lives, such as pregnancy, parenting or previous trauma. For others, the shared language and culture between themselves and the client was also a contributing factor.

*Charlie: "it was really, really upsetting to, to see a situation like this cos... I've got a child myself and we do argue sometimes and I don't think - that's family, we do what we can, what children should see. And I was just thinking that if a, if a child is grow up in a house like this, this is the only example he will ever see, he will grow up to be a person like this as well and it's like a vicious circle"*

*Chris: "it's always me who is the person closest to the patient, no matter what. Because the doctor is English, they don't understand the patient so it's always me... It's just, I think even by the culture, even by the pure nationality, they're close to me... So it's always, it's always difficult because even if I want to tell myself that, just try not to think about that, just try to distance yourself, just don't get attached it's just not always possible"*

One participant described how the interpreting assignment reflecting their own personal experience at the time had a profound impact on their emotional and psychological wellbeing for a prolonged period. The pseudonym for this quote has not been used due to the nature of the quote revealing the gender of the participant:

*"I was asked to go and interpret during a labour and the baby was born dead, and it was stillbirth and I was pregnant at the time with my girl. It was, oh, it was really, oh that was so bad I believed that I'm gonna lose my baby and for two months I just, I was just panicking that I'm gonna bleed in a minute and oh, really very massive impact. Whatever happened to that girl who was pregnant, she was bleeding and I knew that, I was looking for the signs in me and I believed that that's what's gonna happen to my baby so I, for two months I was absolutely, you couldn't, I wasn't there. I was just back and fore to the toilet checking if I'm not bleeding and if my water had gone yet and it was like, yeah, it was really bad"*

However, another participant described how they felt that having personal experience of the assignment content was beneficial for both them and the client due to the prior knowledge of the situation the interpreter held:

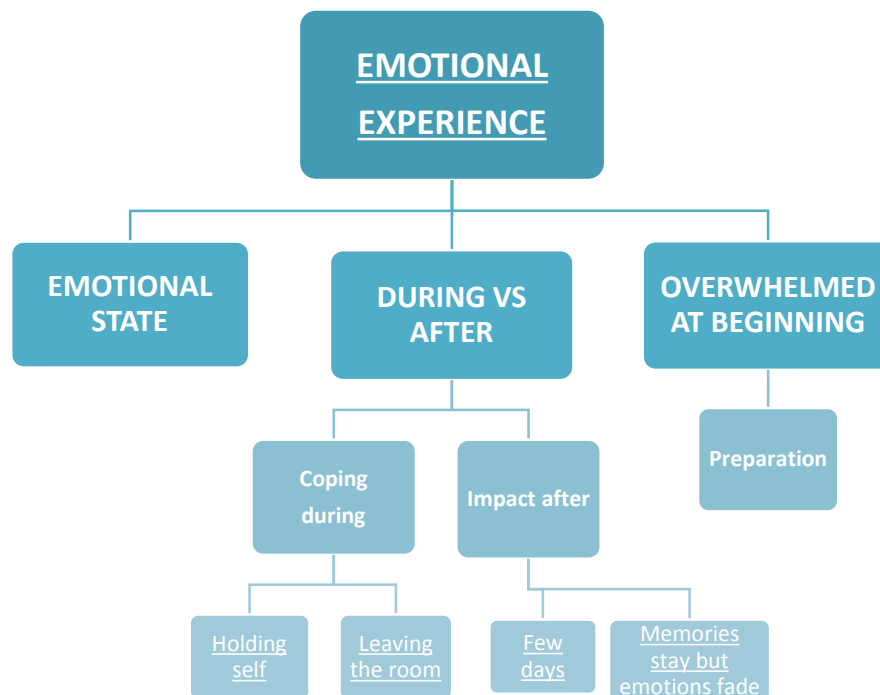
*Sam: "sometimes you may not think of interpreting for a cancer patient if someone from your, from my close, close to you have suffered cancer, but I find the other way around. Because my mother had cancer and it affected me really badly but I feel that I really want to go there and interpret for cancer patients because... I can do something for, by, by being there and doing my job well"*

### 3.2.3. THEME THREE: EMOTIONAL EXPERIENCE

This theme explored the **EMOTIONAL EXPERIENCE** of interpreters while working within public services. It reflects the different emotions participants described experiencing both during and after interpreting assignments, when these were experienced and changes in emotions over time. Therefore, this theme was arranged into three core categories: **EMOTIONAL STATE**; **DURING VS AFTER** and **FEELING OVERWHELMED AT THE BEGINNING**.

Participants described the most common **EMOTIONAL STATES** they experienced as a consequence of interpreting assignments, including sadness, fear and anger. A distinction was drawn between the emotional experience **DURING VS AFTER** the assignment. In particular, participants described how they were able to cope with the emotional experience during the assignment, but they experienced a more intense emotional reaction after the assignment that lasted for typically a few days before becoming more of a residual memory. Finally, the overwhelming intensity of emotions at the beginning of participants' interpreting careers is explored. Figure 3.3 details each component that comprises this theme.

**Figure 3.3. Overview of EMOTIONAL EXPERIENCE theme**



### **CORE CATEGORY ONE: EMOTIONAL STATE**

Participants described experiencing several emotional states during and after an interpreting assignment within public services. Temporal factors that mediated the intensity at which these emotions were experienced are described in the core category **DURING VS. AFTER**. Participants experienced emotions including anger, fear, sadness and upset:

*Sam: "it's just sadness, it's just - you know, if you see someone else's tragedy"*

*Robin: "I felt quite angry, because even though I don't blame anyone it was someone's fault"*

*Alex: "In police stations and prisons there's an element of fear as well because some people I interpret for may be aggressive"*

Although participants identified positive experiences within their interpreting careers, they did not use emotional language to describe these; therefore they were not included within this core category. Rather, these are detailed in the core category **RESILIENCE**(Section 3.2.5; Theme five: **COPING**).

## **CORE CATEGORY TWO: DURING VS AFTER**

Participants contrasted their emotional experiences during and after an interpreting assignment. This was characterised by a lesser emotional reaction during the assignment, followed by a more intense emotional experience after the interpreting session had ended:

*Sam: "during it's just, I just try to do my best then I think about the interpreting process. But then when you think about it afterwards it's just, you wouldn't believe that you would get into that situation yourself"*

*Pat: "usually I don't fall to pieces until after the assignment is done so I tend to be, it's almost like I close it in a little somewhere stored away for afterwards"*

This core category has been organised into two categories, reflecting the qualitative difference of the emotional experience of participants during and after an interpreting assignment.

### **Category One: Coping During**

During the assignment, participants spoke about how generally the emotional content of the assignment did not affect them as the technical and professional elements of the session allowed them to hold themselves (holding self) against the emotional impact of the conversation they were interpreting. However, when this was not always possible, the emotional reaction was often experienced as overwhelming, resulting in the participant leaving the room.

#### Subcategory One: Holding Self

This subcategory reflects participants' descriptions of how the technical and professional aspects of interpreting detracted away from the emotional content of the assignment. This process of focusing on the technical and professional aspects of the interpreting process appeared to be deployed as a conscious coping strategy by some participants to detach themselves from their own emotions when experiencing the emotional effects of an assignment, whereas for others it was a natural part of the interpreting process:

*Leslie: "when I'm there I tend to detach myself because I'm so busy concentrating on the job of interpreting and the words and the techniques and the procedures and everything"*

*Jordan: "I repeated to myself that I needed to stay professional. That I am a professional here and obviously I've got my feelings I've got my emotions but I repeated to myself you mustn't cry you have to contain yourself and...yeah, that's it".*

However, one participant spoke about how the **SETTING** in which the assignment took place affected the degree to which the technical elements of the interpreting process detracted away from the emotional:

*Chris: "emotionally I find it easier with the police because you're just, yeah you have to just concentrate on the job because you really have to get every single word right, because if you get it wrong they might be in pickle and then you don't want that. So it helps, but not in all the settings. So it wouldn't help in NHS because you don't, you know, I don't have to think that hard about what you're saying"*

This resonates with the distinction participants drew between **health vs. police** settings in terms of the containment the police setting provides compared to the NHS (Section 3.2.1; Theme one: **PUBLIC SERVICES**).

#### Subcategory Two: Leaving the Room

When participants were not able to detach themselves from the emotional content of an assignment, the impact was described by participants as overwhelming. Leaving the room was described as a coping strategy participants used to enable them to regain their composure before returning back to the room:

*Alex: "I may ask for a break if one party is distressed or if I find it distressing and that only happened to me once at the very beginning and I had to ask for a break, I went out, I cried for about 10 minutes and then I went back in"*

*Sam: "I had a couple of times when I had to leave, I had to go out because it just, the whole environment, I just, it sort of had impact on me"*

#### **Category Two: Impact After**

Participants described how the emotional impact of interpreting assignments was experienced almost immediately after the assignment, perhaps due to the fact that the requirement to be professional was now absent. The duration for which

participants experienced these emotions was dependent on the degree to which participants found the assignment emotionally distressing:

*Chris: "I just walked out of the hospital, still a bit, a few tears down my cheeks. Not inside, I held myself in front of patient so it wasn't like that, it's just when you leave you sort of, it comes back, rushing what you were telling the patient"*

*Charlie: "Some things do stay, stay in for a long, longer time. And I suppose that I, I do particularly get upset if, if children are involved"*

*Lee: "It depends, of course, depends on the, on the assignment. When there is some, I had quite a few where it was really upsetting and then, you know, you are, you are there, you are there as, you know, in the back of your mind that assignment you done a few days ago"*

When considering the duration of emotional experiences, participants made the distinction between memories and emotions, whereby emotions were experienced for a few days after the interpreting assignment but these faded into memories that then remained with them.

#### Subcategory One: A Few Days

When an interpreting assignment was experienced as upsetting, participants described how the emotional experience lasted for a few days. Some participants hypothesised that this was the time needed to process the situation and begin to make sense of their emotional reactions to the situation:

*Chris: "it is still somewhere there in the back of your head, just thinking of gosh what a situation the person is in. So it is quite a few days it stays with me"*

*Charlie: "it's something that, not immediately after, within a couple of days I can talk about it and, and sometimes you probably notice I talk around it. I sometimes go over things a few times from thinking about them, from like different angles and stuff, so it all comes out within a few days"*

#### Subcategory Two: Memories Stay, but Emotions Fade

Although the emotional impact of the assignment appeared to fade after a few days, all participants spoke about how the memories of assignments they experienced as emotionally distressing remained with them, even after several years. Participants tended to experience these as residual memories that were triggered when a

situation that was similar to, or reminded them of, the assignment occurred. This was described in terms of these experiences becoming more of a memory without the emotional impact it originally provoked:

*Leslie: "the days after something like that happens is very fresh in your memory and then it's just more of a thought rather than a feeling isn't it"*

*Charlie: "it's not always there, it's just somewhere back of my mind and comes out when there are similar situations, yeah. Or when somebody mentions something cos when I talk to friends about something not relating to interpreting at all there are different topics that come up"*

However, for some participants, the memory of the experience was still very vivid. These memories were experienced as intrusive and traumatic:

*Lee: "I can still see everything we went through in that assignment... it's still there like it happened yesterday. And I don't know how to get rid of that, I have no idea. I'm not thinking about that, I was preparing for today and I was thinking what should I talk about and that was the first thing that, it's just always the first thing that is coming to my mind, this, this is like a trauma, really trauma"*

### **CORE CATEGORY THREE: OVERWHELMED AT THE BEGINNING**

Participants described the emotional impact of interpreting within public services as overwhelming at the beginning of their interpreting careers. This appeared to be associated with the fact that the situations in which participants found themselves were ones which they had never previously experienced, resulting in an emotional experience of shock and disbelief:

*Leslie: "when I first started I thought 'oh my gosh I won't be able to do this' cos it's quite, I think some things are upsetting"*

*Pat: "you do get the first moment of shock where you go 'woah that just happened, why didn't they tell me?'"*

*Sam: "it's just not something I ever thought... It's just, I thought, this is almost unreal. It's like, in, I don't know, if it was in a film I would sort of think, oh how do they make up these stories"*



### Category One: Preparation

Participants described how they tried to prepare for assignments to protect themselves from experiencing this initial shock. This can also be perceived as a **PERSONAL COPING STRATEGY**, as discussed further in Section 3.2.5 (Theme five: **COPING**).

*Alex: "I think knowledge is a good tool. If you know what's happening in that particular country, and you have the knowledge of what's happened with previous asylum seekers, you know that, the story that's going to come out that day is quite similar to the others. So I prepare myself mentally".*

### 3.2.4. THEME FOUR: PSYCHOLOGICAL CHANGE

The theme **PSYCHOLOGICAL CHANGE** refers to the changes in cognition that all participants reported experiencing since beginning their interpreting career. This reflects the changes in perception and personal growth that participants attributed to their interpreting experiences within public services.

*Alex: "Imperceptibly. Yeah, you're not aware of it but a few years down the line I know that I have changed"*

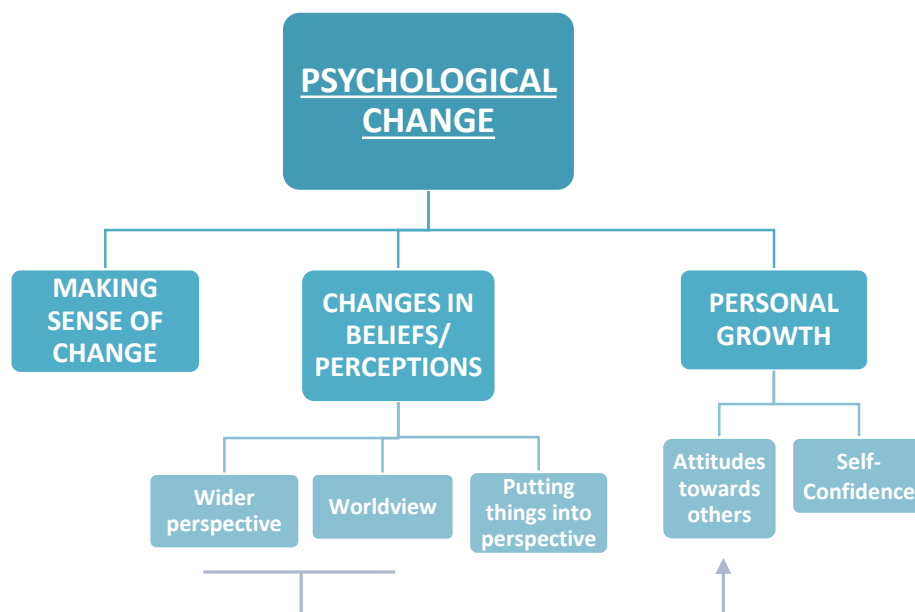
*Chris: "It changed me, it absolutely changed me interpreting because you just see different, different situations"*

Throughout this theme there was a sense that both the positive and negative experiences participants encountered while interpreting within public services had been internalised and processed in such a way that produced significant changes in the way they thought about the world, themselves and others; as well as changing their behaviours. These changes appeared to occur over a longer period than the short-term experience of emotions.

This **PSYCHOLOGICAL CHANGE** has been organised into three categories: **MAKING SENSE OF CHANGE; CHANGES IN PERCEPTION** and **PERSONAL GROWTH**. Participants differed in their beliefs about contributing factors to change, with some attributing this directly to their interpreting experiences and others to natural maturation. However, changes in beliefs and perception were identified by

participants. These included developing a **wider perspective** about the motives of people's actions, a change in **worldview** and comparisons between their own lives and those of their clients leading to them **putting things into perspective**. Additionally, participants described ways in which they believed they had grown since beginning their interpreting careers. This included their **attitudes towards others** and **self-confidence**. The core categories and categories that comprise this theme are illustrated in Figure 3.4.

*Figure 3.4. Overview of PSYCHOLOGICAL CHANGE theme*



### **CORE CATEGORY ONE: MAKING SENSE OF CHANGE**

This core category reflects the ways in which participants tried to make sense of the change they noticed within themselves since commencing their interpreting careers. There was no real consensus between participants about the causal factors for change. Instead, there was an even split between participants who found it difficult to describe the potential driving forces of change; those who attributed change directly to the experiences they encountered within their interpreting assignments and those who believed that normal maturation may have been a contributing factor:

*Leslie: "on my first assignment, which was an allegation of rape, that was a first time I'd ever been in a police station and so, it's bound to have changed my view on things like that, but I couldn't say how".*

*Lee: "the experience, you know, you meet people and you meet, you know, real tragedies and you appreciate, you think thank god, thank god I don't have to deal with that"*

*Robin: "It has changed my view on life. It's changed my view on so many things, but as I said it could have happened through a book, through a film, through talking to, I don't know, you"*

## **CORE CATEGORY TWO: CHANGES IN BELIEFS/PERCEPTIONS**

When participants described the changes they had experienced in their beliefs and perceptions, these fell into three categories: gaining a **wider perspective**; **worldview** and **putting things into perspective**.

### **Category One: Wider Perspective**

Participants described how the experiences they were exposed to within public services helped them gain a wider perspective. This appeared to be related to the fact that interpreters previously had no or limited knowledge of the situations discussed during interpreting assignments and therefore any perceptions that they had previously held were broadened by this experience:

*Alex: "you're there with people and their feelings and their experiences and you learn a lot from other people's lives, their cultures, history, current affairs that, things that are not reported in the press or in the media"*

*Leslie: "I probably know more and I have a more, I can see it from different perspectives I think, I can see different things whereas before it was one little thing there seen from faraway"*

Participants gave examples of how this wider perspective was gained. This tended to be through exposure to the difficulties other language speakers may have in learning English and the motives people may have for their behaviour, particularly crime. This wider perspective appeared to be associated with participants' changes in **attitudes towards others**, as described in **PERSONAL GROWTH**.

## Category Two: Worldview

Participants also talked about how their **worldview** had changed in light of their experiences while interpreting within public services. Whereas beliefs about others were described within the positive framework of gaining a **wider perspective** that was valued by participants, societal and worldview beliefs were characterised by a more sceptical perspective:

*Alex: "The world is not a very nice place. It looks like it's getting worse all the time... I do worry about the future and how the world is going to change. And the future of democracy in particular, yes. And how fragile it is, yes."*

This is perhaps related to the more cynical **attitudes towards others** some participants described in the core category **PERSONAL GROWTH**.

## Category Three: Putting Things into Perspective

The category **putting things into perspective** reflects the changes in perception that participants gained through comparing their own lives against those for whom they interpreted. This resulted in participants feeling more thankful for certain things they had in their lives, as well as changes in behaviour due to the subsequent change in priorities:

*Chris: "it sort of helps to put my things into perspective because then, you know, I don't get angry over silly things like my husband didn't wash up or anything because you see this serious, serious situation that someone is in"*

*Lee: "I'm coming home and I really appreciate what I've got. I've got my children greeting me and I feel, you know, giving them a cuddle and I think thank God you're healthy and it makes you, yeah, realise that what you've got is pretty good and you, you have to cherish that"*

## CORE CATEGORY THREE: PERSONAL GROWTH

All participants spoke about how they believed they had grown as a person since beginning their interpreting careers. This reflected changes that were generalised to both professional and personal aspects of their lives, including their relationships with others. For some participants this growth reflected changes in their judgements, and therefore their behaviour, towards others. Some participants also talked about becoming more confident as a person.

### **Category One: Attitudes Towards Others**

Participants talked about how they believed their attitudes towards others had changed significantly since beginning their interpreting careers. This was generally couched in terms of personal growth, with participants describing how they had become more understanding towards people in their personal and professional lives:

*Charlie: "I believe I have more understanding because there are so many different situations, so many different circumstances that people are in... Now if I, if I find myself in a situation in, like, privately not in an interpreting job I, I do try to look at things from other angles... I'm sometimes able to think about, you know, what situation or what circumstances might have made a person behave in a particular way so I guess I'm probably more open-minded in this respect"*

However, some participants also described a change in attitudes that led them to question the motives of people. One participant described how they believed this cynicism was a useful coping mechanism:

*Sam: "it probably sounds quite bad that I have discovered that some people are not always telling the truth so that's probably one of my coping mechanisms, I just think maybe it's not true, maybe they're just saying it so I, I don't know, I don't know the background, there's nothing I can do and I just detach myself from that"*

### **Category Two: Self-Confidence**

Participants also described how they had become more confident over their interpreting careers. This included confidence in both their personal and professional lives in dealing with difficulties that may arise. Some participants related this increase in confidence to beliefs about strength and coping:

*Alex: "I think I've become a stronger person... I probably get stronger the more I hear, the more prepared I am and I can probably build up some sort of defence mechanism in myself"*

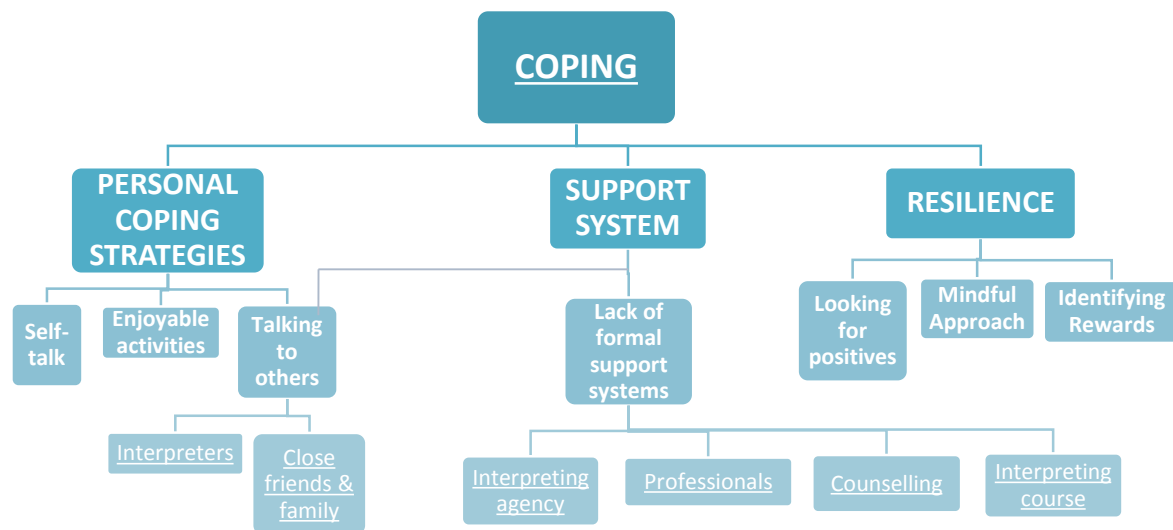
*Sam: "I suppose I get more confident now, so, and I sort of, even if I have to deal with some difficulties I'm confident that I know how to, now I don't sort of worry too much."*

### 3.2.5. THEME FIVE: COPING

This theme relates to factors that appeared to help participants cope with the emotional and psychological impact of interpreting within public services. This theme is organised into three core categories that reflect the coping strategies participants employed to cope with emotions after challenging assignments; personal factors that appeared to be protective through aiding coping and the support system that interpreters could draw upon.

Participants identified **PERSONAL COPING STRATEGIES** they utilised to counteract the emotional impact of interpreting within public services. This included **self-talk** before and after an assignment, participating in **enjoyable activities** after an emotionally challenging experience and talking to either close friends and family or other interpreters. A **lack of formal support systems** was described by participants, therefore a variety of resources were utilised. This included the interpreting agency, public service professionals, counselling services and the public service interpreting course from which they were recruited. Additionally, factors that appeared to enable participants to continue interpreting within public services without becoming emotionally overwhelmed were explored. These included the interpreter **looking for positives** from their interpreting experiences, a **mindful approach** to their experiences and **identifying rewards** in their work. Figure 3.5 illustrates the components that comprise this theme.

**Figure 3.5. Overview of COPING theme**



### **CORE CATEGORY ONE: PERSONAL COPING STRATEGIES**

This core category relates to the coping strategies that participants employed after an emotionally challenging assignment. This was characterised by a conscious separation of their professional and personal lives, with participants using terms such as *"the interpreting box"* (Leslie), *"closing the door"* (Sam) and *"writing a note and chucking it in a bin"* (Lee) to describe how they attempted to leave their interpreting experiences behind them when they came home from an assignment.

Additionally, all participants described personal coping strategies they used to cope with any emotions they experienced after an interpreting assignment. These appeared to be very individual and some participants reflected on how different people find different ways to cope with emotionally challenging situations:

*Robin: "You can come across information that has got quite an emotional impact on you, you would do it through different ways than mine so I think it's better to just find your own way out of it"*

The different coping strategies that participants described are organised into three categories: **Self-talk**, **enjoyable activities** and **talking to others**.

### **Category One: Self-talk**

Some participants described how they engaged in **self-talk** before and after an assignment. Before an assignment, self-talk was characterised by mentally preparing oneself for the anticipated emotional challenge. This appears to be closely related to participants' descriptions of the importance of **preparation** (section 3.2.3; Theme three: **EMOTIONAL EXPERIENCE**) in coping with the initial shock experienced when exposed to new material during interpreting assignments:

*Chris: "so I sort of prepare myself and I calm myself down, I try to tell myself well just distance yourself from it, it's not you, it's not your family, just stand back. But when you see it, when you're there it's still very difficult but at least you can sort of prepare yourself, try to distance yourself from the situation as much as you can"*

After the assignment, participants described how they tried to reassure themselves that they did a good job, or reminded themselves of their role in helping the clients and professionals communicate within the assignment in order to counteract the difficult emotions experienced:

*Sam: "Well I, I sort of try and reassure myself that I, I did my best, that I didn't make any mistake or, and that I followed the - this is where I think that it's important to have this code of conduct and follow it so I, I, feel that I've done my best and it's out of my control"*

*Lee: "And then you just sit there, you feel bad, you know they make you feel a bit down for a second and then you think, well they need me, they need my service and they, they couldn't do without me."*

### **Category Two: Enjoyable activities**

**Enjoyable activities** were also employed as a coping strategy by participants after an assignment. These were either utilised for relaxation or an emotional uplift after the assignment to bolster against the negative emotions they were experiencing. However, for other participants enjoyable activities were utilised to block emotions and thoughts that they did not want to experience:

*Charlie: "I try to relax, I take a nice bath and paint my nails, things like that. So it does make me better and, or I try to watch something funny and one funny film that usually helps is Mamma Mia so it can't, it's like a cure for (laughs), for most difficulties I would say."*



*Jordan: "I try to switch off my mind for a while. Thinking that it would help me not to come back to what happened."*

Related to this blocking of unwanted experiences, some participants also described how they managed their workload to minimise the risk of coming across certain topics that they knew would be emotionally challenging. This was achieved through communication with the interpreting agency:

*Charlie: "there's one kind of interpreting jobs I told {names agency} that I never take it and it's termination of pregnancy. And it's mostly because I just don't think I would be able to take it, emotionally... I don't want to be put in this situation when I'm afraid I would be too emotionally moved and I believe this situation would move, move me more"*

### **Category Three: Talking to Others**

Another coping strategy that all participants described utilising after an emotionally challenging assignment was that of **talking to others**. This category also lies within the core category **SUPPORT SYSTEM** to reflect the fact that this was drawn upon in order to be employed as a coping strategy. Participants described how they used the strategy of **talking to others** to share their feelings and also seek reassurance:

*Chris: "When it's very emotional I do need to talk about it. I find it easier when I talk about it. And then it's sort of just sharing the burden, I guess. You know, and split into two it's easier than when it's all on me"*

*Lee: "It's really good, even if someone says that's okay. That's all you need to hear sometimes, it's okay"*

When describing who they talked to, participants separated this into close friends and family and other interpreters.

#### Subcategory One: Close friends and family

Participants described how they spoke to close friends and family after an interpreting assignment to share their feelings. However, due to the confines of confidentiality, participants were limited in what they could share with their friends and family, leading some to avoid using this as a coping strategy. Participants also

spoke about how the personal qualities of their confidant either helped or hindered the use of this as a coping strategy:

*Chris: "My husband is quite emotional as well so it doesn't help, so whenever, whenever I'm telling him about serious cases I'm dealing with, he gets 'oh don't tell me that, I can't, I can't.' So that doesn't help"*

*Robin: "I know I shouldn't probably. I don't use names when I'm saying to talk about it. Sometimes I do talk about it"*

*Jordan: "I talk to him once but I also know that he, he doesn't want to listen about it so I cannot come back to the same topics. Yes, but at least when I told him once I felt better."*

### Subcategory Two: Interpreters

The majority of participants described how they also talked to other interpreters about their interpreting experiences as a way of coping with emotionally challenging assignments. Participants particularly appeared to value the trust that was implied with another interpreter due to the shared bounds of confidentiality and the shared experience that other interpreters could offer. This shared experience was both in terms of professional experiences and a shared language and culture:

*Pat: "Cos it's so important, we've got our lounge, our own room for interpreters and while we're there it's like we all talk about experiences and how we cope with them. So that really helps me, when I say look this happened to me the other day, how do you cope, how did you cope, did it ever happen to you, what did you do, how did you go about it"*

*Sam: "I've got a colleague that I feel I can trust because we both bound by confidentiality, we sometimes experience and that, that helps."*

*Chris: "speaking in your own language is always easier than speaking in English, you know sharing information in my language is just different because I can express anything I want, unlike in English, you know, okay English I'm sort of fluent but it's just different. So these colleagues I usually associate with are, yeah {names languages}"*

However, some participants talked about how it was not always possible to talk to other interpreters due to the freelance nature of their work meaning there were not opportunities to meet colleagues in all settings. Some participants spoke about how they sought out this contact with interpreters through the use of internet forums to fill this gap:

*Chris: " we only talk through Facebook basically... I mean we've got our closed group so no-one else can get in, it's just 4 or 5 of us. But we do share certain amount of experience there and especially when dealing with situations like how would you do deal with that, what would you do? It always helps because, as you said at beginning, yes interpreters is very close, very small community. There is not many of us, but we usually don't meet each other."*

## **CORE CATEGORY TWO: SUPPORT SYSTEM**

All participants spoke about the support systems they drew upon while interpreting within public services, which tended to be close friends and family or other interpreters as described in the subcategory **talking to others**. This appeared to be as a result of a **lack of formal support systems** that were available for public service interpreters due to the freelance nature of their work.

### **Category One: Lack of Formal Support Systems**

Most participants described the scarcity of formal support systems that could be accessed in relation to their interpreting experiences:

*Lee: "It's because we don't have, you know, like a normal job you've got manager or supervisor you can go to or line manager, director, whoever. There's always someone above you, but here you are here on your own. You don't really have anyone who you can call and ask or complain to really, you know"*

This led to participants accessing several different support systems through their own initiative, rather than one single resource. These have been organised into four subcategories: the interpreting agency, public service professionals, counselling and the interpreting course.

### Subcategory One: The Interpreting Agency

Participants described how they utilised the interpreting agency as a source of support. Some participants used the agency to ask advice from the professionals who worked there, either about practical matters or to clarify boundaries when feeling like they might be crossing professional boundaries with a client:

*Lee: "it would be good if we had someone, but we can always ring {names agency} and they're always, always helpful... anytime you can talk to them, they*

*really supportive. You can, you know, they can listen to you, that's good, you know. Sometimes that's all you need. I know I can, I can ring {names agency} any time.*

However, some participants talked about how this was not an ideal solution due to the fact that the professionals working within the agency were not interpreters themselves and therefore the element of shared experience was lost. Additionally, one participant spoke about how they felt unable to access this support due to the fear of being judged by the interpreting agency as an inferior interpreter and the subsequent implications for their future employment:

*Sam: "they're not interpreters themselves, the people in the office and I'm sure they would try their best but I would sort of feel maybe a little bit embarrassed, saying I was really badly affected and then they may think, oh she's not very good, we won't give her that job again... I would rather talk to someone directly in hospital"*

#### Subcategory Two: Public Service Professionals

Participants also spoke about public services professionals being a potential source of support. This was described within the context of briefs and debriefs facilitated by these professionals. Overall, participants described how they rarely experienced these, however when they did occur they were experienced as helpful and containing:

*Sam: "I was very well briefed and debriefed so, they, they were very sensitive and I was - they first told me what was going to happen and what they were going to talk about, and they actually asked me would you be okay to deal with that.... and then afterwards they, they just sort of kept me there and just checked that I was okay... so I was, I was very comfortable with that, that everything was under control"*

In relation to briefs, the benefits appeared to be associated with the opportunity for participants to prepare themselves emotionally for the potential impact of the interpreting assignment:

*Chris: "So the nurse came and she said well it's, I can't tell you loads of information but I have to say that it's gonna be very bad news. So I sort of, I wasn't, I didn't know what the news is but I sort of, you know, you can prepare yourself for that"*

Participants were less likely to have experienced a debrief compared to a brief from public service professionals. However, when these were experienced, participants described how this provided them with a sense of validation in terms of the emotions

they were experiencing and this was associated with a sense of relief. Participants who had not experienced a debrief also described what their ideal debriefing session would entail. This differed according to individual need, with some interpreters talking about how they would appreciate a forum to make sense of the emotions they were experiencing as a result of the assignment content and others wanting a more technical focus:

*Lee: "the assignment was really difficult and there was family crying and then afterwards a nurse came to me and she said are you okay? I was just surprised because no-one ever asks me that, they, they don't really know or they don't realise that you might struggle as well... And I thought I love you, I wish there were more workers like you. Yeah and that was the first, only once happened in five years time when someone came to me and asked if I'm okay"*

*Leslie: "I know for some people it is a very important issue if something traumatic, they really are traumatised by something they've heard or seen. But also... they be about your performance and about what something what might have been missed and I think it's important that it's in writing for me. Because you might talk to the person and that person forgets as well"*

However, one participant expressed concerns about maintaining impartiality if the debrief was held by a professional involved with the case:

*Robin: "obviously part of the debrief would be discussing the case which I would say in my role as interpreter would be quite inappropriate to discuss the case up to a certain level. So I, I don't know what ideal debrief would be"*

### Subcategory Three: Counselling

Although no participants reported that they had accessed counselling services, some participants spoke of this as a potential source of support. Most participants were aware of counselling services available in areas that were geographically distant from them, but were not aware of how to access these. Some participants described other factors that prevented them from accessing such services, such as their commitment to their own self-care and the implications of accessing counselling on beliefs about themselves as being copers:

*Robin: "I'm quite bad to make an appointment to see my own GP, although I don't have to but I probably would be quite bad to stick to an appointment for counselling"*

*Charlie: "I've never done it, I've never kind of enquired about it, but I guess, I guess this would be, it would be useful maybe if there was, like, a counselling service for interpreters to, to go to and kind of talk about different issues. And I don't think there is anything in the area"*

#### Subcategory Four: Interpreting Course

Participants also described how the public service interpreting course was a source of support through providing a forum to discuss difficulties that they encountered while interpreting within public services with fellow students and the course tutors. Additionally, some interpreters talked about gaining confidence in negotiating professional boundaries, both with clients and professionals:

*Robin: "It's always quite nice to talk to them. As I said they would pick up some stuff and the way they think things through which is very nice"*

*Lee: "there is so many things I've learnt on the course and I said so to {names interpreting course tutors}, that interpreters shouldn't be allowed to work before they've done the courses"*

### **CORE CATEGORY THREE: RESILIENCE**

This category pertains to the behaviours and ways of thinking that participants described holding that appeared to serve as protective factors when considering the emotional and psychological effects of public service interpreting. This has been considered separately from **PERSONAL COPING STRATEGIES** as they did not appear to be conscious things that interpreters were doing to cope with the emotional effects of their work; rather they appeared to be factors associated with their general personality that enabled them to adapt to the stresses of interpreting without feeling overwhelmed. Three categories were identified as factors that contributed to participants' resilience: **Looking for positives**, a **mindful approach** and **identifying rewards**.

#### **Category One: Looking for Positives**

Participants described how they always looked for positives or opportunities to learn from emotionally challenging interpreting assignments. For some participants, this opportunity to learn overrode the emotional impact of the assignment content

through the interpreter's interest and curiosity on the subject serving as a distraction from this:

*Charlie: "I always try doing things for my advantage anyway, so I know it may sound, it may sound awful but if I can use something to my advantage point why not"*

*Pat: "I mean a friend of mine calls me a voyeur, because depending on who I'm with, I always ask the professionals, that is I always ask a lot of questions about what they do and people always love talking about their jobs so I learn a lot on the job... so whatever I do I always try to learn something from it. I'm a very curious creature, I'm always asking questions"*

### **Category Two: Mindful Approach**

This category reflects participants' descriptions of their focus on the present moment which appeared to help them with the longer-term emotional impact of interpreting within public services. Although participants did not explicitly describe this as a form of mindfulness, their descriptions matched this philosophy, with a focus on not ruminating on the past and letting thoughts come and go without engaging with them:

*Leslie: "when they (thoughts about interpreting experiences) come I just let them come and I think about it and then let them go"*

*Lee: "the emotions just go gradually disappearing and it's like, yeah, tomorrow is a new day, got new jobs tomorrow and this is past now"*

### **Category Three: Identifying Rewards**

Despite the emotional challenges that interpreters experienced within public services, all participants identified experiences in their interpreting careers that they found positive and fulfilling. These rewards appeared to maintain participants' interest and engagement in their interpreting careers, as well as counterbalancing against negative experiences. For some participants, the challenges of working within public services, such as the variety of situations and different people they were exposed to, were experienced as rewarding:

*Sam: "But I still like doing it because I see it as a, as a bit of a challenge you see, you know, what can happen and how I could cope"*

*Charlie: "I like meeting new people and I, it's a lot of different experiences that I would never have doing something else otherwise and I meet people I would never meet if I wasn't an interpreter"*

Another reward that participants described was that of the helping role, whereby knowing that they were helping people and services appeared to provide participants with a sense of being useful and needed. Participants spoke of how being asked back to interpret for the client or service again reinforced this through it being perceived as an indication of their performance:

*Leslie: "I like working for public services, I think there's a social side to it, social justice side of things that I like. Yes, so that's probably what attracts me to the job - I, I just feel useful"*

*Chris: "And helping, I mean helping people. Because these people would be, would not be understood without me there and it's, I mean it's great to see, I know how happy they are to see me as an interpreter"*

*Lee: "When people ask me to come back, this is, it's a really nice thing... it makes me feel, I'm doing a good job"*

Finally, another reward that participants described was that of sharing positive emotions with their clients, which appeared to provide participants with positive experiences that counterbalanced against the assignments they associated with negative emotions:

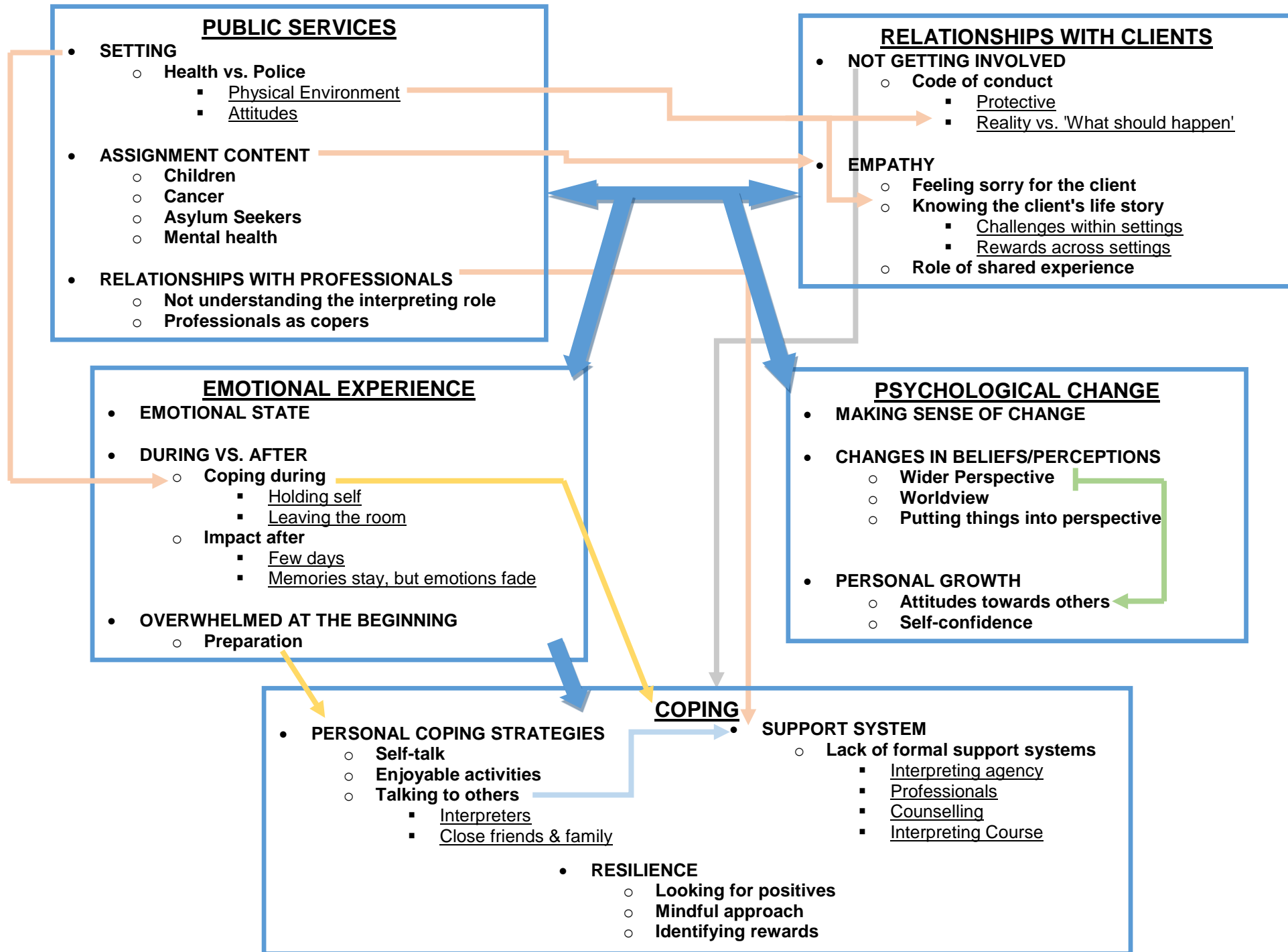
*Alex: "Antenatal clinics, for example. I see the mums, I see the scans, I see the baby before it's born and after it's born and so on. That's quite rewarding... she's (the mum) happy and then I'm happy with her"*



### **3.3. CONSTRUCTIVIST GROUNDED THEORY OF THE EMOTIONAL AND PSYCHOLOGICAL IMPACT OF PUBLIC SERVICE INTERPRETING**

A diagrammatic summary of the constructivist grounded theory developed from the five themes discussed within this chapter and the interactions between them is presented in Figure 3.6. This theory represents a co-construction of reality between the author and research participants that is grounded in the interview data (Charmaz, 2014). A narrative summary that explores the relationships between the different components of the analysis using the interpretive framework of participants' separation of professional and personal boundaries is discussed in Chapter Four. The theoretical and clinical implications of these findings will also be discussed in this chapter.

Figure 3.6. Overview of relationships between all five themes and the separate components



# Chapter Four: Discussion

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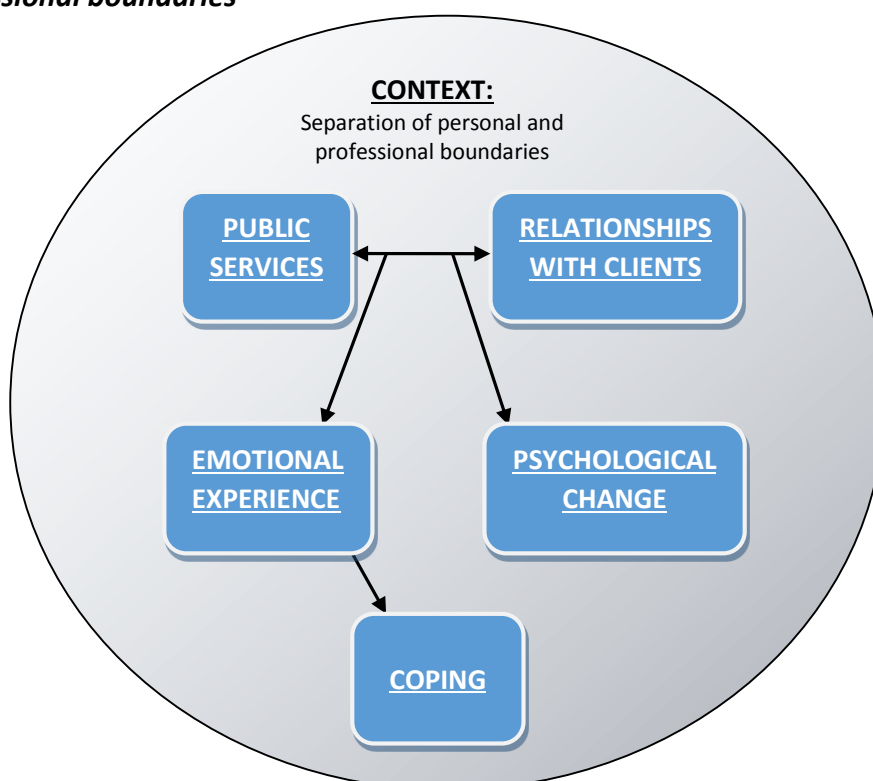
## 4.1. CHAPTER OVERVIEW

This chapter presents an overview of the findings of the current study and explores these in relation to existing literature. The clinical and service delivery implications of these findings are also explored. Strengths and limitations of the methodology employed for the current study are discussed. Finally, recommendations for future research into the emotional and psychological impact of public service interpreting are provided.

## 4.2. SUMMARY OF FINDINGS

This section presents a narrative summary of the research findings discussed in Chapter Three within the interpretative framework of participants' separation of personal and professional boundaries. Figure 4.1 summarises this diagrammatically.

**Figure 4.1. The interaction of each theme within the context of separation of personal and professional boundaries**



Interpreters working within public services appeared to experience both emotional and psychological consequences of their interpreting experiences. These were mediated by the **PUBLIC SERVICES** in which interpreting assignments were conducted and the relationships interpreters developed with their clients. The emotional impact of interpreting within public services was experienced either during or, more often, immediately after an emotionally distressing assignment for a relatively short period of time (a few days), whereas psychological changes appeared to be a longer-term experience that developed over time. Participants drew on their own personal resources and their surrounding support systems to cope with the impact of public service interpreting.

A major mediating factor of the emotional and psychological impact of interpreting within public service settings appeared to be that of the separation of personal and professional aspects of participants' lives. Participants consciously tried to achieve this separation through their actions, such as adhering to the **code of conduct** to maintain an emotional distance from the client and attempting to leave their professional lives behind them when they returned home from an interpreting assignment. Sometimes this separation was not possible due to factors that were beyond participants' control, such as the **physical environment** of certain public service settings that did not allow them to restrict their **RELATIONSHIPS WITH CLIENTS** to within the interpreting assignment situation only. Highly structured, containing public services such as police stations are therefore experienced as less distressing to the interpreter compared to less structured environments such as hospitals that may be perceived as chaotic.

Even when participants were able to restrict their relationship with the client in such a way, empathetic responses appeared to blur professional and personal boundaries through the perception of the client as a fellow human being with experiences that are generalisable to themselves and/or people they know. Seeing the client on more than one occasion or having shared a similar experience to the client often evoked such a response, thereby heightening the emotional reaction the interpreter may have experienced both during an assignment and afterwards.

The **EMOTIONAL EXPERIENCE** of public service interpreting therefore appears to be mediated by the degree to which the interpreter is able to separate their professional experiences from the personal. This is supported by the fact that the emotional experience intensified after the session when the requirement to be 'professional' was removed. **PSYCHOLOGICAL CHANGE** such as changes in beliefs and personal growth may be a result of the gradual integration of the professional and personal, leading to changes in perceptions and attitudes that are applied to both their professional and personal lives. Perhaps when this integration is not possible due to the personal circumstances of the interpreter, the effects become apparent through experiences such as vivid memories of interpreting assignments that are experienced as traumatic, and nightmares.

The separation of personal and professional boundaries continued when the interpreter finished an interpreting assignment and returned home, with participants making conscious efforts not to contaminate their personal lives with the experiences they encountered in their professional lives. An exception to this was talking to close family and friends about emotionally challenging assignments to share the emotions they were experiencing. However, this did not appear to be a preferred option and perhaps may be a consequence of the **lack of formal support** systems interpreters can rely upon due to the freelance nature of their work.

### **4.3. RESEARCH FINDINGS IN RELATION TO EXISTING LITERATURE**

The existing literature will now be discussed in relation to each theme explored in the findings of the current study. Subheadings reflect core categories that comprised each theme.

#### **4.3.1. THEME ONE: PUBLIC SERVICES**

##### **4.3.1.2. Setting**

To the author's knowledge, the current study is the first qualitative study to explore the emotional and psychological impact of public service interpreting across public service settings and client populations. This resulted in unique findings exploring the

similarities and differences between the settings and the clients public service interpreters work with.

The finding that interpreters drew a distinction between police and health services supports the hypothesis that services outside of the criminal justice system are less regulated and therefore may be associated with lower levels of professionalism (Townesley, 2007). Participants spoke specifically about the fact that the physical environment and attitudes of staff were experienced as more interpreter-friendly in police services, which had a positive effect on the emotional and psychological impact of their work within these settings. This supports literature suggesting that organisational factors such as the promotion of a warm and welcoming work environment are protective against phenomena such as burnout or compassion fatigue (Rourke, 2007).

#### **4.3.1.2. Assignment Content**

Categories relating to assignment content reflected those that had been identified in previous studies investigating the emotional and psychological effect of working within public services. **Cancer**, **mental health** and interpreting for refugees and **asylum seekers** have all been identified as having negative emotional and psychological effects for the interpreter by studies included in the systematic review detailed in Chapter One (e.g. Butow *et al.*, 2012; Doherty *et al.*, 2010; Holmgren *et al.*, 2003). The finding that emotional distress was associated with breaking bad news in relation to cancer was also reflected in the two studies that specifically explored interpreting within oncology services (Butow *et al.*, 2012; Prentice *et al.*, 2014). To the author's knowledge, assignments that involve the illness or mistreatment of **children** have not been identified as a distressing topic for interpreters. However, research with other public service professionals such as child protection workers (e.g. Conrad & Kellar-Geunther, 2006) has highlighted the risk of experiencing negative psychological and emotional effects of working with this population.

The fact that reactions to assignment content were very individualised, with every participant identifying a particularly difficult topic that was associated with a

heightened emotional response, supports McCann and Pearlman's (1990) constructivist social development theory of vicarious trauma. This theory states that vicarious traumatisation will vary for everyone depending on their personal circumstances due to the different schemas people develop about the self, world and others as a result of their early experiences. Therefore, a situation that may be distressing for one individual may not be experienced in this way by someone who holds different assumptions about the world, self or others that reflect more closely the experience the client has encountered.

#### **4.3.1.3. Relationships with Professionals**

In the current study, interpreters reported that professionals **not understanding the interpreting role** was experienced as an added pressure that contributed to a negative emotional experience within an interpreting assignment. Several studies have recommended the training of public service professionals in the role of interpreters to remove this added pressure (e.g. Butow *et al.*, 2012; Doherty *et al.*, 2010). Clinical and service implications are discussed further in Section 4.4.

The perception of **professionals as copers** appeared to be protective through providing the interpreter with a sense of containment, perhaps by modelling resilience in the face of a client's emotional distress and reassuring the interpreter that professionals would be able to help the client. This may have been an opportunity for the interpreter to experience resilience vicariously through the reactions of the professionals, although this has not been explored in the existing vicarious resilience literature (e.g. Engstrom *et al.*, 2008).

#### **4.3.2. THEME TWO: RELATIONSHIPS WITH CLIENTS**

This theme highly corroborated theoretical concepts that highlight the role of empathy in emotional and psychological reactions to working with people who have experienced trauma, as discussed in Chapter One (e.g. Figley, 1995; Engstrom *et al.*, 2008).

#### 4.3.2.1. Empathy

Participants described the role of empathy in heightening the emotional experience and also described the conditions in which an empathic relationship was most likely to be experienced. As discussed in Chapter One, all theoretical concepts that attempt to describe both positive and negative emotional and psychological effects of working within the 'helping' professions have emphasised the role of empathy in mediating the impact of exposure to client trauma. (e.g. Figley, 2002). The separation of personal and professional boundaries that is apparent throughout the findings of the current study could therefore be a reflection of the interpreter attempting to minimise the effects of sharing and understanding the emotions of clients for whom they interpret, thereby reducing the risk of themselves becoming emotionally distressed through the consequential challenge on their own personal schemas about safety, trust and the world (e.g. Janoff-Bulman, 1992).

Much has been written about the importance of maintaining professional boundaries within the helping professions in order to maintain a 'safe' relationship between client and professional (e.g. Peterson, 1992). This may be more difficult for interpreters given that they are likely to live within a small community of language-speakers within a geographical area. Studies exploring this effect in professionals who work in rural areas have shown that these professionals experience difficulty in maintaining impartiality and neutrality within their relationships with clients (Pugh, 2006). Public service professionals have safeguards that facilitate maintenance of professional boundaries through supervision, national regulatory bodies and training (e.g. Peternelj-Taylor & Yonge, 2003). However, interpreters do not receive such organisational care and therefore may be more likely to experience difficulties such as feeling personally responsible for the client and 'becoming attached' (as described in the subcategory challenges within settings) when empathetic relationships are developed with a client across several interpreting assignments. None of the studies included in the systematic review conducted for the current study explored this increased responsibility/attachment within the interpreter-client relationship or the effect of repeated assignments with the client.

The fact that interpreters also described positive rewards associated with this empathic relationship when they were able to see a positive outcome during an



interpreting assignment (rewards across settings) would corroborate findings from relationships with professionals that vicarious posttraumatic growth or vicarious resilience occur when the professional is exposed to this (e.g. Cohen & Collens, 2013; Engstrom *et al.*, 2008).

The **role of shared experience** described by participants in the current study mirrors findings from the systematic review (e.g. Green *et al.*, 2012; Splevins *et al.*, 2010), but research conducted with other professional groups has reported mixed results (Dunkley & Whelan, 2006). Splevins *et al.* (2010) postulated that interpreters are at risk of over-identifying with clients, characterised by a less conscious process than empathy, which results in a more intense emotional experience (Tansey & Burke, 1989). This may be another reflection of the lack of safeguards interpreters have to enable them to develop skills in recognising and coping with emotional responses associated with the development of empathic relationships with clients.

#### **4.3.2.2. Not Getting Involved**

Participants in the current study described how their professional **code of conduct** was a useful tool in helping maintain an emotional distance from clients. As discussed in Chapter One, the code of conduct (NRPSI, 2011b) emphasises the impartial model of interpreting. It could be hypothesised that the protective nature of the code of conduct stemmed from the fact that it promotes this model of interpreting, thereby discouraging the interpreter from empathically engaging with the client's story of trauma and reducing the chance of experiencing negative emotions associated with this. However, participants' descriptions of reality vs 'what should happen' supports literature exploring the role of public service interpreters, which suggests that the perception of interpreters as mere conduits of verbal information is not a reflection of the emotional and psychological demands of the job (e.g. Hsieh, 2006). In addition, none of the participants described extending their role to that of advocate or cultural broker, as suggested by studies included in the systematic review for the current study (e.g. Prentice *et al.*, 2014). This may be a reflection of the training they received through the public service interpreting courses used to recruit participants for the current study, which emphasise the impartial model through the code of conduct.

### **4.3.3. THEME THREE: EMOTIONAL EXPERIENCE**

#### **4.3.3.1. Emotional Experience**

The emotions described by the participants of the current study reflected those reported by research included in the systematic review, namely sadness, anger, fear and upset (e.g. Green *et al.*, 2012; Holmgren *et al.*, 2003; Splevins *et al.*, 2010). McCann and Pearlman (1990) propose that these emotional states are a normal consequence of schemas about power, safety and trust being challenged through exposure to clients who have experienced trauma.

#### **4.3.3.2. Feeling Overwhelmed at the Beginning**

The emotional experience was described as overwhelming by participants in the current study and in previous research with public service interpreters (Splevins *et al.*, 2010). This supports literature suggesting that inexperienced professionals are more likely to experience negative emotional and psychological consequences of their work with people who have experienced trauma than those with more experience (Lerias & Byrne, 2003).

Additionally, Janoff-Bulman (1992) proposes that the trauma reaction is mediated by an individual's psychological preparedness for the triggering event. Accordingly, participants in the current study reported how they tried to prepare themselves for difficult assignments when they received information beforehand, in order to counteract the overwhelming emotional experience. This preparation was characterised by self-talk about remaining professional and reminding themselves that the assignment content was not personally relevant to them, reflecting the separation between personal and professional boundaries they tried to achieve.

#### **4.3.3.3. During vs After**

Participants in the current study reported that the emotional impact of interpreting was superseded by the technical and linguistic demands present during an assignment. This was sometimes a conscious effort on the part of the interpreter to decrease the emotional resonance of the assignment content, or an unconscious effect of concentration. Several studies have reported the high cognitive load that is

required while engaging in spoken-language interpreting (e.g. Seeber & Kerzel, 2012). It could therefore be hypothesised that the capacity for the interpreter to reflect on their own personal reactions to the assignment content is greatly reduced during the assignment. Studies with public service interpreters have also reported focusing on language as a conscious coping strategy by public service interpreters (Green *et al.*, 2012), which could be perceived as an emotional distancing strategy.

Participants in the current study also described how the memories of emotionally distressing assignments remained with them for a significant period of time, after the initial emotional distress had reduced. McCann and Pearlman (1990) propose that memories of clients' trauma may become incorporated into the clinician's own memory system either transiently or permanently. For some participants in the current study, these memories were experienced as vivid and intrusive images or nightmares, which could be perceived as symptoms of secondary traumatic stress (Figley, 1995).

#### **4.3.4. THEME FOUR: PSYCHOLOGICAL CHANGE**

##### **4.3.4.1. Changes in Beliefs/Perception and Personal Growth**

The psychological changes described by participants of the current study reflected the personal strength and greater appreciation for life domains of posttraumatic growth, as described by Tedeschi and Calhoun (1996). Participants described how comparing their own lives against those of clients for whom they interpreted led to a greater appreciation for life and subsequent change in priorities (**putting things into perspective**). Additionally, beliefs about personal strength and coping led to a sense of **self-confidence**. This supports the research literature that has found that posttraumatic growth can occur vicariously in professionals working with people who have experienced trauma (e.g. Arnold *et al.*, 2005) and interpreters working within public services (Green *et al.*, 2012; Splevins *et al.*, 2010). This is encouraging considering that interpreters may be less likely to be exposed to posttraumatic growth and resilience due to the often short-term nature of their work with clients.

Changes in worldview, the self and others were described by participants, reflecting the areas of cognition that are thought to be affected through exposure to trauma

(e.g. Janoff-Bulman, 1992). Interestingly, participants were more likely to experience negative changes in their worldview and more likely to frame changes in their beliefs about others positively. This suggests that beliefs about the world were more vulnerable to negative cognitive changes such as those described in the vicarious trauma literature (e.g. McCann & Pearlman, 1990). The associated change in **attitudes towards others**, as evidenced by participants' descriptions of a more cynical view about the motives of others, reflects depersonalisation as described in the concepts of burnout and compassion fatigue (Maslach, 1982).

In contrast, beliefs about others were associated with a sense of growth, with participants describing how their beliefs about others had positively changed due to an open-mindedness that was gained through exposure to situations they would not see in everyday life. This supports Joseph & Linley's (2005) theory that new information gained as a result of trauma can be positively or negatively accommodated into schemas. However, participants did not describe changes in beliefs about the strength of others, as one would expect in vicarious resilience (Hernandez *et al.*, 2010).

#### **4.3.5. THEME FIVE: COPING**

Participants utilised personal coping strategies and their support system to cope with the emotional and psychological changes described in this study. In addition, they described personal factors that appeared to be associated with resilience from the negative impact of interpreting within public services.

##### **4.3.5.1. Enjoyable Activities**

Participants in the current study engaged in enjoyable activities after an emotionally difficult session to either relax or block distressing emotions and thoughts. It has been suggested that suppression of emotions and thoughts may be a risk factor for the development of vicarious trauma (Farrell & Turpin, 2003). However, the use of positive self-care strategies, including leisure activities, has been associated with lower levels of burnout and compassion fatigue (Alkema *et al.*, 2008).

Participants used other interpreters or close friends and family as social support. It has been proposed that social support can facilitate posttraumatic growth through the facilitation of narratives about positive change (Tedeschi & Calhoun, 2004a). In particular, it has been postulated that mutual support from someone who has experienced a similar situation can increase the possibility of these narratives being incorporated into new schemas (Tedeschi & Calhoun, 1993). Additionally, it has been proposed that support from close friends and family can be protective against vicarious trauma (Jordan, 2010), although confidentiality was identified as a barrier for participants in the current study given the sometimes relatively small community their clients belonged to.

#### **4.3.5.2. Support system**

The scarcity of formal support systems for public service interpreters has been highlighted both in the current study and in previous research (e.g. Green *et al.*, 2012; McDowell *et al.*, 2011). However, none of the studies included in the systematic review explored the potential role of interpreting agencies or interpreting courses in providing support, as participants described in the current study.

The desire for briefs and debriefs facilitated by professionals working within public services has been highlighted both in previous research (e.g. Prentice *et al.*, 2014) and the current study. Interpreters reported that briefings were useful in helping them prepare for the interpreting assignment, which aided the preparation process as discussed in Section 4.3.3.2. Debriefings may serve two purposes, namely validation and normalising of the emotionally distressing content of the assignment by professionals who were also present (Bell *et al.*, 2003) and facilitating the cognitive processing of narratives associated with posttraumatic growth (Tedeschi & Calhoun, 2004a). This is discussed further in Section 4.4.1.

#### **4.3.5.2. Resilience**

**Looking for positives**, a **mindful approach** and **identifying rewards** were all identified as factors that promoted resilience in interpreters who participated in the current study. Mindfulness has been proposed as a beneficial intervention for people who have experienced trauma and are experiencing emotional numbing, thought

suppression and avoidance, due to its emphasis on the non-judgemental noticing of inner experiences (Follette *et al.*, 2006). Additionally, it has been shown to be a resilience booster for firefighters (Smith *et al.*, 2011). Participants' descriptions of looking for positives and identifying rewards associated with the job mirror the theoretical concept of compassion satisfaction (Figley, 2002). This has been shown to be protective against secondary traumatic stress and burnout (Alkema *et al.*, 2008). The clinical implications of these findings are discussed further in Section 4.4.1.

#### **4.3.6. SUMMARY**

The findings of the current study support existing literature that proposes that both negative and positive emotional and psychological changes can occur as a result of working with people who have experienced trauma. In particular, it corroborates findings from qualitative studies that have explored this phenomenon in specific contexts within the interpreting population (e.g. McDowell *et al.*, 2011; Splevins *et al.*, 2010).

Participants described emotional and psychological experiences that reflected the theoretical concepts that have been developed to understand the impact of working with people who have experienced trauma, as discussed in Chapter One (Section 1.4.1). The role of empathy emerged strongly throughout these findings, supporting the hypothesis that empathic engagement with the client mediates the emotional and psychological impact of working with emotionally distressed clients (e.g. Figley, 2002). This suggests that public service interpreters can experience the same phenomena as other public service professionals, negating perceptions of their role as mere conduits of verbal information.

Coping strategies used by public service interpreters in the current study reflected those recommended within the existing literature. However, difficulties in maintaining personal and professional boundaries were also highlighted. The clinical and service delivery implications of these findings will now be discussed.

## **4.4. CLINICAL AND SERVICE IMPLICATIONS**

The findings of this study point to several clinical and service delivery implications, for public services, interpreters and interpreting agencies. The clinical interventions that may be of benefit to public service interpreters are first discussed, followed by service delivery considerations that ensure these interventions can be implemented.

### **4.4.1. CLINICAL IMPLICATIONS**

It is interesting that the public service interpreters in the current study were already using coping strategies that are recommended for public service professionals, such as maintaining a separation between personal and professional life, engaging in leisure activities and seeking out opportunities to discuss the emotional impact of their work (e.g. Bell *et al.*, 2003). The fact that they had attended a public service interpreting course where they met other interpreters and were taught by experienced public service interpreters may have facilitated this. Nevertheless, a lack of formal support systems meant that interpreters were not supported in using these coping strategies and interpreters who do not attend these courses may not have access to such resources. There are several interventions that could be useful in either preventing or ameliorating the emotional and psychological impact of public service interpreting, as indicated by the findings of this study.

All participants described how they experienced an urge to talk about an emotionally distressing assignment immediately after the event, in order to share feelings and/or seek reassurance, and they used the term 'debrief' to describe this. Public service professionals who have led the interpreting assignment are well placed to meet this need through the validation of emotions, by asking how the interpreter was emotionally affected by the session and providing a forum for the interpreter to talk about the assignment if they wish.

However, for assignments that are particularly distressing, more formal debriefing may be necessary. A body of literature exists regarding the use of psychological debriefing with professionals who are exposed to trauma in order to normalise responses to trauma and help people who have experienced trauma make sense of

this experience (Hawker *et al.*, 2011). However, there is a lack of consensus on whether debriefing is actually beneficial to those who receive it (e.g. Rose *et al.*, 2006). Phipps and Byrne (2003) developed an approach that can be utilised at any stage after a traumatic experience with professionals who have been exposed to client trauma. Whereas the efficacy of this approach does not appear to have been evaluated, it does appear to incorporate elements of debriefing that the participants of the current study described as outstanding needs, including: an opportunity to make sense of the assignment; validation of emotions; and exploration of coping strategies. There is an emphasis within this approach to actively avoid eliciting details of the trauma, so as to reduce the possibility of further distress to the individual who is being debriefed (Phipps & Byrne, 2003).

Many participants described the possibility of accessing psychological therapies through a counsellor, but were not aware of any such services within the local area. The author was unable to find any articles about the effectiveness of psychological interventions with professionals who have experienced trauma vicariously, as opposed to direct trauma. However, it could be hypothesised that professionals who are overwhelmed by emotional and psychological experiences related to exposure to client trauma would benefit from evidence-based psychological therapies for trauma reactions, such as post-traumatic stress disorder. National guidelines currently recommend trauma-focused cognitive-behavioural therapy or eye movement desensitisation and reprocessing for the treatment of post-traumatic stress disorder (National Institute for Health and Care Excellence, 2005). These guidelines emphasise the importance of early intervention, depending on the severity of difficulties experienced by the individual. The findings of this study suggest that interpreters who are at the beginning of their public service careers may be more likely to access these services, when they are more likely to experience the effects of their work as overwhelming.

The current study has also highlighted the need for support in negotiating personal and professional boundaries with clients. Clinical supervision may help interpreters to explore their professional and personal boundaries, thereby facilitating the development of 'safe' relationships with clients. This has been shown to be beneficial for several professional groups working within public services, such as therapists



(Wheeler & Richards, 2007), social workers (Bogo & McKnight, 2006) and nurses (Edwards *et al.*, 2006). The Division of Clinical Psychology (2014) emphasises the use of clinical supervision to provide support for the professional, develop new skills and ensure good practice. As interpreters are likely to be working on a freelance basis, it is currently unlikely that they will have avenues to access this.

Peer supervision has also been shown to be beneficial for professionals working with those who have experienced trauma (e.g. Catherall, 1995). This may support cognitive processing with people who have experienced similar situations in order to promote posttraumatic growth (Tedeschi & Calhoun, 1993). A peer supervision model for British Sign Language interpreters working within mental health services was described by Anderson (2011). The supervision group consisted of monthly meetings between interpreters, with a facilitator who utilised active coaching techniques to aid problem-solving and structure the discussion. Pre and post measures suggested that levels of emotional stress had decreased at the end of the group session and perceptions about availability of peer support and ability to practice self-care strategies improved. However, the sharing of case information should be considered within peer supervision groups with interpreters, given the description by participants in the current study of the heightened emotions that were experienced if they knew information about the client's life story. Solution-focused or reflective practice approaches that focus on the interpreter's emotional experience rather than individual cases may ameliorate this risk, or peer supervision groups with interpreters who speak different languages so that they are unlikely to be sharing cases.

In terms of the general maintenance of emotional and psychological wellbeing in public service interpreters, positive psychology may be an approach that could be utilised to encourage the use of strategies that build on existing strengths and resilience and promote optimal functioning and psychological wellbeing (Linley & Joseph, 2004). This approach has been proposed to facilitate posttraumatic growth in individuals who have experienced trauma (Tedeschi & Calhoun, 2004b). Mindfulness could be incorporated into this, given that this was a factor associated with resilience in this current study. Berceli and Napoli (2007) proposed a mindfulness programme for social workers to ameliorate the effects of vicarious

trauma which included mindful breathing, body scan and trauma-releasing exercises. However, there does not appear to be any research exploring the effectiveness of such groups.

Clinical psychologists have specialist knowledge of these interventions given their training that spans a wide range of therapeutic models and their expertise in working with people who have experienced trauma (British Psychological Society, 2011). They are therefore a professional group that could promote the use of these models. This could be through direct clinical work and provision of training to public service interpreters, or through the dissemination of psychological knowledge to public service providers and/or interpreting agencies who can then support interpreters directly. The author piloted an intervention incorporating some of the elements of the interventions discussed within this section with twenty public service interpreters who had attended the public service interpreting courses used to recruit participants for the current study. This involved an hour-long workshop with a brief overview of the positive and negative emotional and psychological effects of working with emotionally distressed clients, followed by information about organisational care and self-care. Strategies incorporating positive psychology and peer supervision literature were included in this. Appendix O provides a summary of the aims of the workshop. The initial feedback from the group was that it was very useful and also was the first time they had been made aware of these strategies. The ways in which services can support public service interpreters will now be discussed.

#### **4.4.2. SERVICE DELIVERY IMPLICATIONS**

As discussed previously, the public service interpreting population is fragmented and heterogenous, with interpreters working for several interpreting agencies across a wide range of public service settings. Organisational care, such as a warm and welcoming work environment, an understanding approach to professionals who experience vicarious trauma and regular supervision and training are considered to be protective against the development of vicarious trauma (e.g. Bell *et al.*, 2003). Given the freelance nature of their work, public service interpreters do not currently have access to these support systems.

A role for public service professionals in the briefing and debriefing of public service interpreters has been identified in the current study and in previous studies exploring the emotional and psychological effects of interpreting within public services (e.g. Prentice *et al.*, 2014). Guidelines for psychologists working with interpreters within healthcare settings explicitly state that psychologists should provide a detailed briefing and debriefing afterwards, which also includes offering support and supervision if there is a possibility of vicarious traumatisation (British Psychological Society, 2008b). Public service policies on working with interpreters that emphasise this for all professional groups would ensure that public service interpreters' emotional and psychological needs are met after an interpreting assignment.

The current study highlighted the lack of formal support systems for public service interpreters. Many participants reported that they were informed that public services have a duty of care towards public service interpreters, but this was not borne out in reality. Given the ever-changing face of public services in light of different governmental priorities, the most recent being the Government's white paper on public service reform through privatisation (HM Government, 2011), interpreting agencies, as stable employment agencies, may be best placed to provide this support system. The Government response (Ministry of Justice, 2014) to an independent review of the use of interpreters in the criminal justice system (Optimix-Matrix, 2014; discussed in Chapter One, section 1.5.4) placed the onus on interpreting agencies to provide continuing professional development for interpreters. This suggests that public services are not able to provide a stable, needs-led support system.

Interpreting agencies could provide this support through the provision of organisational care strategies such as the normalisation of vicarious trauma through information leaflets, the code of conduct and training programmes. This may prevent any feelings of inadequacy or shame that may be experienced by interpreters as a perceived failure to adhere to the impartial model of interpreting and also encourage interpreters to seek support if they find emotional and psychological experiences overwhelming. It was encouraging that some participants in the current study perceived the interpreting agency as a source of support, but some also talked about a fear of being judged by the agency for their emotional responses. A tolerant and

normalising environment as described by Bell *et al.* (2003) may facilitate the use of this as a potential form of support.

Interpreting agencies are also well placed to work closely with public service providers who access their services. Prevention and early intervention for any negative emotional and psychological experiences could be facilitated through the negotiation of service framework agreements whereby public services agree to provide briefing and debriefing, as well as fast-track referrals for interpreters who would like to access counselling services, such as those available to public service employees through employee wellbeing and occupational health services. A single national professional body for public service interpreters could also provide support such as peer networking, policies and CPD events. However, there is little incentive for public service interpreters to join these in the context of there being no statutory professional standards to which they are obliged to abide. Wider national and local policies, as well as guidelines on the use of qualified, professional public service interpreters need to be developed before this can occur.

Finally, the current study has also highlighted the impact on interpreters' emotional and psychological wellbeing of professionals misunderstanding the interpreting role. There is therefore a role for public services to incorporate training regarding the role of interpreters into their training programmes. This would appear to be especially pertinent for the NHS, which participants identified as being less containing when compared to legal services. As described in Chapter One, public services have a duty to train their staff as part of the Equality Act (2010) duties (Equality Act 2010 (Statutory Duties) (Wales) Regulations, 2011). Currently, equality and diversity training provided by Cardiff and Vale University Health Board (2015b) does not incorporate the use of interpreters, but it is encouraging that their interpreting and translation policy emphasises the use of qualified interpreters and stipulates that professionals should debrief the interpreter in an Appendix to this policy (Cardiff and Vale University Health Board, 2014b).

## **4.5. METHODOLOGICAL STRENGTHS AND LIMITATIONS**

The current study aimed to understand the emotional and psychological impact of interpreting within public services. As identified in the systematic review described in Chapter One, existing literature that has explored this has either been quantitative in nature or has focused on a specific context or population within public services. This does not reflect the reality of public service interpreting within the UK, whereby interpreters typically work across several public service settings with differing populations. It is therefore believed that the current study contributed to existing knowledge through exploring this gap in the research literature. The specific strengths and limitations of the current study will now be discussed.

### **4.5.1. SAMPLE**

As discussed in Chapter One, the public service interpreting population within the UK is fragmented and heterogenous. The characteristics of this population are inferred from data released by national registers or interpreting agencies, of which there is no statutory membership. Therefore these are unlikely to be a highly accurate reflection of the public service interpreter community.

Both females (nine out of ten participants) and interpreters of Eastern European origin (seven out of ten participants) were over-represented in the current study. This was expected given that females are over-represented in surveys of the public service interpreter population (e.g. NRPSI, 2014) and the research literature as evidenced in the systematic review (e.g. McDowell *et al.*, 2011; Miller *et al.*, 2005; Splevins *et al.*, 2010). Additionally, three of the ten most popular languages spoken by interpreters registered with the NRPSI are from Eastern Europe (NRPSI, 2014). Additionally, only one participant interpreted languages from outside of Europe and this participant also interpreted languages from western mainland Europe.

Participants for the current study were recruited from courses in public service interpreting that teach the syllabus for health and law DPSI qualifications. This provides homogeneity in terms of the level of training that participants had achieved, but also may introduce bias through the fact they all received training from the same

source. The findings of this study are therefore considered generalisable to female interpreters of western or eastern European descent who are working towards or have obtained a DPSI in health or law. This is likely to be a large proportion of the public service interpreting population, as suggested by available statistics (e.g. NRPSI, 2014).

The current study did not provide a financial incentive for participants which may have introduced a self-selection bias, given that participation was voluntary. In addition, it was not possible to conduct theoretical sampling, as recommended in the constructivist grounded theory literature (Charmaz, 2014). This means that the categories identified during the data analysis process were not explored in more than one population which might have gathered richer material to develop a category further. However, it is believed that data saturation was reached with the current research sample and the relatively small sample of ten participants allowed for a detailed description of the rich data collected.

#### **4.5.2. METHODOLOGY**

The use of constructivist grounded theory to inform data collection and analysis for the current study would appear to be appropriate, given that it reflects the author's epistemological viewpoint and allowed for the full exploration of interpreters' perceptions of the impact of public service interpreting as detailed in Chapter Two.

A criticism of this study could be that data was collected through the English language. Research suggests that emotional language is more readily accessible in an individual's native language (see Pavlenko, 2012, for review) and participants in the current study discussed this phenomenon in relation to justification for their role when their clients appear to be proficient in English. However, the author believes this had minimal impact on the research findings, as evidenced by the rich emotional language that was evident throughout the research interviews.

### 4.5.3. CREDIBILITY OF RESEARCH FINDINGS

The author aimed to meet Elliott *et al.*'s (1999) quality criteria for qualitative studies in order to ensure the current study was of high quality (see Chapter Two, section 2.4 for further details). Reflexivity was promoted through the use of a reflective journal, memo-writing and regular supervision with the clinical supervisor of this study, so that the author's contributions to the research process were continually explored. Additionally, Ahern's (1999) guidelines on reflexive bracketing were followed.

In terms of the credibility of the research findings, the analysis was completed by only one researcher. However, credibility checks were made to ensure resonance with the reader and good fit with the data through discussions with two trainee clinical psychologists who were also using grounded theory as their methodology for their theses. In addition, draft copies of the results were submitted to both the academic and clinical supervisor of the current study, and the results were discussed with the research gatekeepers. A focus group with participants to discuss the results of the study and provide further triangulation of results was planned, but this was not possible within the timeframe of the current study. However, feedback from the gatekeepers of this research, who themselves work as public service interpreters, suggested that the findings were relevant and reflected their experiences. Additionally, some of the results of this study were presented to public service interpreters who were not participants of the current study during a workshop facilitated by the author about maintaining emotional wellbeing. Attendees of this workshop discussed how the theme presented (**COPING**) reflected their experiences and was also useful to them in considering their own coping strategies in relation to public service interpreting.

It is therefore felt that the results of this research are credible and could be transferred to the female European interpreting population who have obtained or are working towards the DPSI.

## 4.6. FUTURE RESEARCH RECOMMENDATIONS

The findings of the current study have highlighted areas of research that should be further explored when considering the emotional and psychological impact of public service interpreting:

1. Both males and non-European interpreters were under-represented in the current study sample. Research into their interpretations of the emotional and psychological impact of public service interpreting would broaden the applicability of these findings.
2. Sign language interpreters were not included in the current study. The systematic review completed for the purpose of this research did not highlight any journal articles that have been completed into the emotional and psychological needs of this community. Prentice *et al.* (2014) commented that the two sign language interpreters included in their sample were more likely to experience negativity from clients during an assignment. This could affect the development of an empathic relationship with the client and therefore may affect their emotional and psychological experiences.
3. All participants had completed, or were working towards, qualifications for the DPSI in health or law. Further research with interpreters who have not obtained this qualification may provide further understanding of the role of nationally recognised qualifications in the emotional and psychological impact of public services.
4. This study found that interpreters were more likely to experience the emotional impact of interpreting at the beginning of their careers. The interpreters in the current study had been interpreting for more than two years. Research with new interpreters, or interpreters who decided not to continue with the profession because of this experience, may find different results and generate possibilities for training new interpreters.
5. Further research into the empathetic relationships that interpreters develop with clients would provide more information on any identification processes that may occur. This may further highlight support needs for public service interpreters.



6. A quantitative study using validated measures of emotional and psychological effects of working with people with trauma, such as the professional quality of life scale (Stamm, 2010), may be able to provide a snapshot of the levels of negative and positive emotional and psychological experiences in public service interpreters across a larger and more diverse sample within the UK.
7. The current study did not explore experiences of interpreting through media such as the telephone or remote video conferencing. These may differ when compared to face-to-face interpreting and therefore future research into this would be interesting.
8. Finally, several studies including the current study have highlighted the need for support systems to be made available to public service interpreters. Research into the efficacy of any support systems that are introduced will inform future development of these.

#### **4.7. CONCLUSIONS**

Limited research has been conducted into the emotional and psychological impact of public service interpreting. Furthermore, studies that have been published have either utilised a quantitative methodology or have focused on specific aspects of public service interpreting. The current study addressed this gap in the literature through exploring the emotional and psychological impact of interpreting across public service settings and client populations. A constructivist grounded theory approach to data collection and analysis was adopted for this purpose.

The current study has highlighted the impact of working in different public service settings for interpreters, as well as the empathic nature of relationships they develop with clients. This impact is characterised by the short-term experience of negative emotions, such as sadness, anger and fear, which can then develop into less emotionally charged memories of emotionally challenging assignments that remain with the interpreter for a significant period of time. Longer-term psychological changes were largely framed as posttraumatic growth. The interpreters included within this study used a variety of strategies to cope with the impact of their work, but

were not able to access a formal system that could provide them with needs-led support due to the freelance nature of their work.

This research has therefore highlighted several clinical and service delivery implications for the support of public service interpreters. These are applicable at both service and national level contexts.

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# Appendices

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## **Appendix A: The NRPSI code of conduct (NRPSI, 2011b)**

Code of Professional Conduct

### **National Register of Public Service Interpreters**

#### **CODE OF PROFESSIONAL CONDUCT**

##### **PREAMBLE**

The Code set out below is intended to regulate the professional conduct of members of the registrants on the National Register of Public Service Interpreters.

The Code comes into effect on 01 December 2011. The Code will remain in force until amended or abrogated by the Board of NRPSI.

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## **1.0 Definitions**

- 1.1 "NRPSI" means the company that maintains and operates the National Register of Public Service Interpreters.
- 1.2 A "Practitioner" is a person defined in 2.1 carrying out work in a professional capacity.
- 1.3 A "Principal" is the person or body from whom a Practitioner accepts work.
- 1.4 The term "work" means either activity in a professional capacity as an interpreter or translator or the product of that activity. The interpretation of the term will be determined by the context.
- 1.5 The "Code" means this Code of Professional Conduct or the Code for the time being in force.
- 1.6 A "Public Service Interpreter" means an interpreter who works in the context of public services, such as the legal profession, health services and local government related services, which include housing, education, welfare, environmental health and social services.
- 1.7 A "registrant" means a person registered on the National Register of Public Service Interpreters.

## **2.0 General Framework**

- 2.1 The Code shall apply to registrants on the National Register of Public Service Interpreters maintained by NRPSI, in regard to their duties, responsibilities and conduct as registrants on the National Register of Public Service Interpreters.
- 2.2 The Code prescribes standards of professional conduct that must be adhered to in order to:
  - maintain the integrity of the profession, and
  - provide assurance of professional standards to users of language services and to the public at large.
- 2.3 Alleged contraventions of the Code will be addressed through the disciplinary procedures applicable. Not every alleged shortcoming on the part of a Practitioner will necessarily give rise to disciplinary proceedings.
- 2.4 The Code may be supported by Guides to Good Practice and operating guidelines for specialist areas of practice issued from time to time by NRPSI.

## **3.0 Over-arching Principles**

- 3.1 Practitioners, in recognition of their responsibility to society, their clients, their colleagues and the professional bodies of which they are members, shall always act with integrity and in accordance with the high standards appropriate to practitioners within the profession.

- 3.2 Practitioners shall not bring the status of NRPSI or the National Register of Public Service Interpreters or the profession generally into disrepute by conducting themselves in a manner at variance with the high standards expected of a professional person.
- 3.3 Practitioners found guilty of a relevant criminal offence may be deemed to be in breach of the principle set out in 3.2. Practitioners have a duty to report any unspent conviction (as defined by the Rehabilitation of Offenders Act 1974) to NRPSI, according to the Practitioner's registration. NRPSI will act in accordance with its disciplinary procedures to determine, having regard to all the circumstances, what action (if any) shall be taken.
- 3.4 Practitioners shall not knowingly or negligently act in a way that is likely to be detrimental to the profession of linguist, to NRPSI or to the status of registrant on the National Register of Public Service Interpreters, or to the officers of NRPSI. This clause shall not preclude or prohibit the lawful exercise of the right to free expression and reasonable debate.
- 3.5 Except in fulfilment of a definable professional duty or where there is a clear public interest, Practitioners shall not knowingly and wilfully act in a way that is likely to damage the reputation of a registrant on the National Register of Public Service Interpreters or an officer of NRPSI. This clause, shall, however, not preclude or prohibit the lawful exercise of the right to free expression and reasonable debate.
- 3.6 Practitioners shall not accept or carry out work which they believe might render them liable to prosecution for criminal behaviour, which might incur civil liability or which contravenes the United Nations Universal Declaration of Human Rights.
- 3.7 Practitioners shall not accept any work which would, directly or indirectly, infringe the Code, and shall not knowingly act in contravention of the Code, even if asked or instructed to do so by a Principal.
- 3.8 Practitioners shall only accept work which they believe they have the competence both linguistically and in terms of specialist knowledge or skill to carry out to the standard required by the client, unless they are to sub-contract the work under the terms of 4.6 or they are informed that their work will be revised by a person with the competence required to ensure that the work will satisfy the standards set out in this Code.
- 3.9 The competence to carry out a particular assignment shall include: a sufficiently advanced and idiomatic command of the languages concerned, with awareness of dialects and other linguistic variations that may be relevant to a particular commission of work; the particular specialist skills required; and, where appropriate, an adequate level of awareness of relevant cultural and political realities in relation to the country or countries concerned.
- 3.10 Practitioners shall disclose any potential conflict of interest or other factor which may make it inappropriate for them to accept work in a particular case.
- 3.11 Subject to 3.13, Practitioners shall treat as confidential any information they acquire through a commission of work. They shall not disclose such information to a third party unless instructed by the Principal to do so, and provided that such disclosure would not be unlawful or infringe the rights of any party concerned. Such information may include, for example, working practices and lists of clients.

- 3.12 Practitioners shall at all times act impartially and shall not act in any way that might result in prejudice or preference on grounds of religion or belief, race, politics, gender, age, sexual orientation or disability otherwise than as obliged in order to faithfully translate, interpret or otherwise transfer meaning .
- 3.13 Practitioners shall respect confidentiality at all times and shall not seek to take advantage of information acquired during or as a result of their work. The duty of confidentiality shall not terminate on the completion of a commission of work and shall persist, where appropriate, beyond the cessation of registration as in 2.1.
- 3.14 The duty of confidentiality shall not apply where disclosure is required by law.
- 3.15 Except as described under 5.7, Practitioners are solely responsible for work whether it is carried out by the Practitioner or delegated or sub-contracted.
- 3.16 Practitioners must respond to any complaints forwarded to them by NRPSI and assist the Professional Conduct Committee and Disciplinary Committee in their investigation

#### **4.0 Obligations to Principals**

- 4.1 Practitioners shall at all times strive to produce work of the highest standard, and shall ensure that the Principal is aware of any factor that may affect the standard of the work produced.
- 4.2 Practitioners are obliged (3.12 above) to carry out all work contracted to them with impartiality and shall immediately disclose to the Principal any factor which might jeopardise such impartiality. This shall include any financial or other interest they may have in the work contracted to them.
- 4.3 Practitioners are obliged (3.13 above) to treat work contracted to them with complete confidentiality and shall use their best endeavours to ensure that such confidentiality is also observed by others, whether checkers, revisers, editors or any other individuals employed by the Practitioner on a permanent or freelance basis or to whom work has been sub-contracted or delegated.
- 4.4 Practitioners shall carry out any consultation that may be necessary (for example on language or terminological difficulties) in a manner such that confidentiality is safeguarded.
- 4.5 Practitioners shall not sub-contract work without the prior consent of the Principal.
- 4.6 Practitioners shall only sub-contract or delegate work to another person whom they have good reason to believe has the necessary competence and is subject to this Code or a comparable code of professional conduct.
- 4.7 Practitioners shall endeavour to carry out work by agreed dates and in accordance with other agreed terms, and shall advise Principals in good time of any delay or need to amend the agreed terms.
- 4.8 Practitioners shall not, other than in exceptional circumstances, withdraw from or fail to complete a commission of work once accepted, without reasonable notice to the Principal.



**5.0 Interpreting**

- 5.1 Practitioners who are carrying out work as interpreters shall only carry out work which they believe is within their linguistic and relevant specialist competence.
- 5.2 Practitioners shall, other than in exceptional circumstances, only interpret between the language(s) for which they are registered with NRPSI.
- 5.3 Notwithstanding the provisions of 5.2, if a Principal requests that the Practitioner interpret between languages in which the Practitioner is competent at the required level but which are not registered as in 5.2, the Practitioner may proceed provided that the conditions of 5.1 are satisfied and that the Principal has been made aware of the potential disadvantages of proceeding in disregard of the principle expressed in 5.2.
- 5.4 Practitioners shall interpret truly and faithfully what is uttered, without adding, omitting or changing anything; in exceptional circumstances a summary may be given if requested.
- 5.5 Practitioners shall ensure that they understand the relevant procedures of the professional context in which they are working, including any special terminology.
- 5.6 Where the Practitioner's lack of relevant background knowledge is such as to impair significantly his or her ability to carry out the commission of work, he or she shall inform all relevant parties and withdraw.
- 5.7 Practitioners shall disclose any difficulties encountered with dialects or technical terms and, if these cannot be satisfactorily remedied, withdraw from the commission of work.
- 5.8 Practitioners shall observe any special rules and protocols relating to interpreting in the professional context relevant to a particular commission of work.
- 5.9 Practitioners carrying out work as Public Service Interpreters, or in other contexts where the requirement for neutrality between parties is absolute, shall not enter into discussion, give advice or express opinions or reactions to any of the parties that exceed their duties as interpreters; Practitioners working in other contexts may provide additional information or explanation when requested, and with the agreement of all parties, provided that such additional information or explanation does not contravene the principles expressed in 5.4.
- 5.10 Practitioners shall, in advance where practicable, seek to ensure that the necessary conditions for effective interpreting are provided (e.g. being seated where they can see and be heard clearly; provision for adequate breaks, etc). Where this is not the case the interpreter shall make it known to the parties concerned and, where the deficiency is likely to be a serious impediment to effective interpreting, shall withdraw from the commission of work.
- 5.11 When a Practitioner withdraws from a commission of work in the circumstances described in the clauses above, and where the Practitioner has been commissioned by a Principal, the Practitioner shall inform the Principal of the withdrawal, and the reasons for it, in writing, as soon as possible.
- 5.12 Practitioners shall not interrupt, pause or intervene except:

- 5.12.1 to ask for clarification;
  - 5.12.2 to point out that one party may not have understood something which the interpreter has good reason to believe has been assumed by the other party;
  - 5.12.3 to alert the parties to a possible missed cultural reference or inference; or
  - 5.12.4 to signal a condition or factor which might impair the interpreting process (such as inadequate seating, poor sight-lines or audibility, inadequate breaks etc.).
- 5.13 Practitioners shall not delegate work, nor accept delegated work, without the full and informed consent of the Principal; where practicable such consent should be in writing.
- 5.14 When working in the legal system, disclose to the Principal at the outset any previous involvement in the same matter;
- 5.14.1 disclose immediately if the interviewee or their immediate family is known or related to the Practitioner;
  - 5.14.2 refer the Principal, or their clients as applicable, back to the NRPSI, should they be unable to accept an engagement or commission of work, or complete a commitment; the Practitioner shall inform the Principal, either direct or through the client; where practicable such notification should be in writing;
  - 5.14.2 not accept any form of inducement or reward, whether in cash or otherwise, for interpreting work other than payment from the Principal.

## **6.0 Translation**

- 6.1 Practitioners who are carrying out work as translators shall only carry out work which they believe is within their linguistic and relevant specialist competence, or which is to be checked by someone with the relevant knowledge or competence.
- 6.2 Practitioners shall, other than in exceptional circumstances, only translate between the languages for which they are registered with NRPSI.
- 6.3 Notwithstanding the provisions of 6.2, if a Principal requests that the Practitioner translate out of a language in which the Practitioner is competent at the required level but which is not registered as in 6.2, or if a Principal requests that the Practitioner translate out of his or her language of habitual use (as may occur if the Principal believes that a mother-tongue translator will have a better understanding of the text), the Practitioner may proceed provided that the conditions of 6.1 are satisfied and that the Principal has been made aware of the potential disadvantages of proceeding in disregard of the principle expressed in 6.2.
- 6.4 Practitioners shall to the best of their ability render a faithful translation of the source text. This shall apply to both meaning and register except where a literal rendering or a summary is specifically required by the Principal.
- 6.5 Practitioners shall use their best endeavours and judgement to draw it to the attention of the Principal by appropriate means when the source text contains elements that need to be taken into account in carrying out the translation, such as

ambiguities, factual inaccuracies, linguistic errors, imprecise terminology or language that in the judgement of the Practitioner expresses prejudice with reference to generally accepted anti-discrimination norms.

- 6.6 Practitioners shall not make any direct contact with a client or clients of a Principal without the Principal's express agreement.
- 6.7 If a Practitioner discovers at any stage that changes have been made to the final text of his or her translation without prior agreement, he or she shall inform all interested parties that he or she is no longer responsible for the text in the terms of 3.15.

As at 01 December 2011

## **Appendix B – Search Terms and Databases Utilised for the Systematic Review**

### **Search One:**

(Interpreter\* **OR** Translator\*)

**AND**

(vicarious trauma **OR** secondary traumatic stress **OR** compassion fatigue **OR** burnout **OR** vicarious posttraumatic growth **OR** vicarious resilience **OR** compassion satisfaction)

**AND**

(public service\* **OR** health **OR** social services **OR** housing **OR** legal **OR** immigration **OR** NHS **OR** police **OR** prison **OR** government **OR** local authority **OR** education **OR** probation **OR** court)

### **Search Two:**

(Interpreter\* **OR** Translator\*)

**AND**

(vicarious trauma **OR** secondary traumatic stress **OR** compassion fatigue **OR** burnout **OR** vicarious posttraumatic growth **OR** vicarious resilience **OR** compassion satisfaction)

### **Final Search:**

(Interpreter\* **OR** Translator\*)

**AND**

(vicarious trauma **OR** secondary traumatic stress **OR** compassion fatigue **OR** burnout **OR** vicarious posttraumatic growth **OR** vicarious resilience **OR** compassion satisfaction **OR** emotion\* **OR** psycholog\*)

## **Databases Searched:**

### **General:**

- SCOPUS (health sciences and social sciences and humanities only)
- Web of Science

### **Languages:**

- Communication Abstracts
- Linguistics and Language Behaviour Abstracts
- MLA International Bibliography

### **Social/Health Sciences:**

- PsychInfo
- Embase
- PsychArticles
- Medline
- AMED
- Applied Social Sciences Index and Abstracts (ASSIA)
- PILOTS: Published International Literature on Traumatic Stress

**Appendix C: Quality Scores for qualitative studies using SURE critical appraisal tool for qualitative studies (SURE, 2013)**

		Scoring guidance: 2 = yes, 1 = can't tell, 0 = no							
		Butow <i>et al.</i> (2012)	Green <i>et al.</i> (2012)	Holmgren <i>et al.</i> (2003)	McDowell <i>et al.</i> (2011)	Miller <i>et al.</i> (2005)	Prentice <i>et al.</i> (2014)	Splevins <i>et al.</i> (2010)	Watanabe (2012)
1. Does the study address a clearly focused question/hypothesis?	1.1. Setting?	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
	1.2. Perspective?	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
	1.3. Intervention or phenomena?	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
	1.4. Comparator/control (if any)?	N/A	N/A	N/A	N/A	Yes (2) - therapists as comparators	N/A	N/A	Yes (2) – managers, patients, doctors
	1.5. Evaluation/Exploration?	Yes (2)– exploration	Yes (2)– exploration	Yes (2)– exploration	Yes (2) – exploration	Yes (2)– exploration	Yes (2) - exploration	Yes (2) - exploration	Yes (2)– exploration
2. Is the choice of qualitative method appropriate?	2.1. Is it an exploration of e.g. behaviour/reasoning/ beliefs?	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
	2.2. Do the authors discuss how they decided which method to use?	No (0) – IPA explained but not rationale of why they used it	No (0) - explanation of IPA but not why this was used	No (0) - details method but not rationale	No (0) - details method but not rationale	Yes (2) - limited existing research	Yes (2) - exploratory nature of study	Yes (2) - IPA focus on experiences	Yes (2) – fits the explorative nature of the study
3. Is the sampling strategy clearly described and justified?	3.1. Is it clear how participants were selected?	No (0) – just says participants were invited to participate	Yes (2) – purposive sampling from multiple agencies	Yes (2) – purposive sample from a health clinic	Yes (2) - purposive sample through snowball referrals	Yes (2) - purposive sampling from 14 sites	Yes (2) - purposive sampling from a hospital database	Can't tell (1) - reports purposive sampling but not the source	Yes (2) – purposive sampling through hospital management
	3.2. Do the authors explain why they selected these particular participants?	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)



	3.3. Is detailed information provided about participant characteristics and about those who chose not to participate?	Yes (2) – 100% response rate	Yes (2)- but only for participants	Yes (2) - but only for participants	Yes (2) - but only for participants	Yes (2) - for both participants and those who declined	Yes (2) - but participants only	Yes (2) - but only participants	Can't tell (1) – not clear if anybody declined to participate
4. Is the method of data collection well described?	4.1. Was the setting appropriate for data collection?	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
	4.2. Is it clear what methods were used to collect data? Type of method and tools.	Yes (2) – focus group recorded and transcribed	Yes (2) – Semi-structured interview recorded and transcribed	Can't tell (1) - exploratory interview but doesn't report whether recorded or notes taken,	Yes (2) – Semi-structured interview recorded and transcribed	Yes (2) – Semi-structured interview recorded and transcribed	Yes (2) – Semi-structured interview recorded and transcribed	Yes (2) – Semi-structured interview recorded and transcribed	Yes (2) – Semi-structured interview recorded and transcribed
	4.3. Is there sufficient detail of the methods used?	Yes (2)- Questions detailed in Appendix	No (0) - doesn't report what questions were asked	No (0) - doesn't report what questions were asked	No (0) - doesn't report what questions were asked	Yes (2) – Topics covered explained in detail	Yes (2) – Topics described	Yes (2) – Topics described and example questions	Yes (2) – three areas explored described
	4.4. Were the methods modified during the study?	Can't tell (1) - not reported	Can't tell (1) - not reported	Can't tell (1) - not reported	Can't tell (1) - not reported	Yes (2) - telephone interviews	Can't tell (1) - not reported	Can't tell (1) - not reported	Can't tell (1) - not reported
	4.5. Is there triangulation of the data? (i.e. more than one source of data collection)	No (0) – only one source of data collection (see 7.2. for analyst triangulation)	No (0) – only one source of data collection (see 7.2. for analyst triangulation)	No (0) – only one source of data collection (see 7.2. for analyst triangulation)	No (0) – only one source of data collection (see 7.2. for analyst triangulation )	Yes (2) - interpreters and therapists interviewed	No (0) – only one source of data collection (see 7.2. for analyst triangulation)	No (0) – only one source of data collection (see 7.2. for analyst triangulation )	Yes (2) – hospital management , doctors and patients also interviewed
	4.6. Do the authors report achieving data saturation?	No (0)	No (0)	No (0)	No (0)	No (0)	No (0)	No (0)	No (0)

5. Is the relationship between the researcher(s) and participants explored?	5.1. Did the researcher report critically examining/reflecting on their role and any relationship with participants particularly in relation to formulating research questions and collecting data?	No (0)	Yes (2) – ongoing reflection on researcher's contribution to analysis	No (0)	No (0)	No (0)	No (0)	Yes (2) - through reflective journal	No (0)
	5.2. Were any potential power relationships involved?	Can't tell (1) – not reported	Can't tell (1) – not reported	Can't tell (1) – not reported	Can't tell (1) – not reported	Can't tell (1) – not reported	Can't tell (1) – not reported	Can't tell (1) – not reported	Can't tell (1) – not reported
6. Are ethical issues explicitly discussed?	6.1. Is there sufficient information on how the research was explained to participants?	No (0) – not reported	No (0) – not reported	No (0) – not reported	No (0) – not reported	Yes (2) - over telephone	Yes (2) - via consent form and information sheet	No (0) – not reported	No (0) – not reported
	6.2. Was ethical approval sought?	Can't tell (1) – not reported	Yes (2)	Can't tell (1) - not reported	Yes (2)	Can't tell (1) - not reported	Yes (2)	Yes (2)	Can't tell (1) – not reported
	6.3. Are there any potential confidentiality issues in relation to data collection?	Can't tell (1) – none reported	Can't tell (1) – none reported	Can't tell (1) – none reported	Can't tell (1) – none reported	Can't tell (1) – none reported	Can't tell (1) – none reported	Can't tell (1) – none reported	Can't tell (1) – none reported
7. Is the data analysis/interpretation process described and justified?	7.1. Is it clear how the themes and concepts were identified in the data?	Yes (2) – two researchers independently coded and developed themes then compared	Yes (2) – detailed description of development of themes	No (0) - references for the analysis are provided but not the actual process	No (0) - references are provided but not the actual process	Yes (2) - code books completed by multiple researchers	Yes (2) - detailed description of development of themes	Yes (2) - detailed description of development of themes	No (0) – references are provided but not the actual process
	7.2. Was the analysis performed by more than one researcher?	Yes (2)	No (0) – but retrospective audit completed by independent researcher	Can't tell (1) – none reported	Yes (2)	Yes (2)	Yes (2)	No (0) – but audit by other researchers completed	Can't tell (1) – none reported

	7.3. Are negative/discrepant results taken into account?	Yes (2)	Yes (2)	No (0)	No (0)	No (0)	No (0)	Yes (2)	No (0)
<b>8. Are the findings credible?</b>	8.1. Are there sufficient data to support the findings?	Yes (2) – several quotes provided	Yes (2) - quotes used	No (0) - very few quotes, no diagram of the grounded theory	Yes (2) - lots of quotes provided with clear narrative.	Yes (2) - quotes used to illustrate this	Yes (2)- small sample size but quotes used from all participants	Yes (2) - quotes used to illustrate this	Yes (2) – quotes used to illustrate this
	8.2. Are sequences from the original data presented and were these fairly selected?	Yes (2) – appeared to be from more than one source considering the narrative	Yes (2) – quotes from all participants	Can't tell (1) - very few quotes, no participant identifiers to determine the source	Can't tell (1) - no participant identifiers to tell if representative of whole sample	Yes (2) - seemed to be from more than one source as suggested by narrative	Yes (2) - quotes from all participants provided	Yes (2) - seemed to be from more than one source as suggested by narrative	Yes (2) – seemed to be from more than one source as suggested by narrative
	8.3. Are the data rich?	Yes (2)	Yes (2)	Can't tell (1) - quotes used for one theme	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
	8.4. Are the explanations for the results plausible and coherent?	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
	8.5. Are the results of the study compared with those from other studies?	Yes (2)	Yes (2) - briefly	No (0)	Yes (2)	Yes (2) - briefly	Yes (2) - briefly	Yes (2)	Yes (2)
<b>9. Is any sponsorship/conflict of interest reported?</b>		Yes (2) - none	Yes (2) - none	No (0)	Yes (2) – no conflicts, but funded	No (0) – only funding reported	Yes (2) - none declared	Yes (2) - none declared	No (0)
<b>10. Final considerations</b>	10.1. Did the authors identify any limitations?	No (0)	Yes (2)	No (0)	No (0)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
	10.2. Are the conclusions the same in the abstract and the full text?	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
	<b>Final score</b>	<b>44/62</b>	<b>47/62</b>	<b>30/62</b>	<b>40/62</b>	<b>53/64</b>	<b>51/62</b>	<b>50/62</b>	<b>46/64</b>

**Appendix D: Quality Scores for quantitative studies using SURE critical appraisal tool for cross-sectional/correlational studies (SURE, 2012)**

		Scoring guidance: 2 = Yes, 1 = Can't tell, 0 = no		
Quality framework criteria		Doherty <i>et al.</i> (2010)	Loutan <i>et al.</i> (1999)	Mehus & Becher (2015)
1. Population	1.1. Is the source population or source area well described?	Yes (2)	No (0) – no information provided about context of interpreting for asylum seekers and refugees in Switzerland/Geneva	Yes (2)
	1.2. Is the eligible population or area representative of the source population or area?	Yes (2) – public service interpreters in urban area (Glasgow)	Can't tell (1) – Likely given it's a humanitarian organisation working with refugees and asylum seekers	Can't tell (1) – snowball sample - eligible population not defined
	1.3. Do the selected participants or areas represent the eligible population or area?	No (0) - small sample of 18 respondents out of a potential 157. No demographics or gender provided.	Yes (2) - 18 out of 22 interpreters working for Geneva Red Cross	Can't tell (1) - relatively large sample of 119. Use of snowball sampling, therefore unclear what proportion this is of entire eligible population
2. Method of selection of exposure (or comparison) group	2.1. Selection of exposure (and comparison) group. How was selection bias minimised?	N/A	N/A	N/A
	2.2. Was the selection of explanatory variables based on sound theoretical basis?	Yes (2) - appeared related to existing literature	Can't tell (1) - No reference to existing literature with interpreters. However, literature re. refugee trauma drawn upon.	Yes (2) - appeared related to existing literature
	2.3. Was the contamination acceptably low?	N/A	N/A	N/A
	2.4. How well were likely confounding factors identified and controlled?	Can't tell (1) - None were acknowledged, but descriptive statistics and qualitative analysis used only.	Yes (2) - Overall descriptive statistics were reported, separated by exposure to victims of violence.	Can't tell (1) - None were acknowledged other than those involved in the regression analysis
	2.5. Were rigorous processes used to develop the questions (e.g. were the questions piloted/validated?)	Can't tell (1) - copy of the survey was included with the article. Piloting/validation not reported.	Can't tell (1) - Reference to content of survey, but not actual questions. Piloting/validation not reported.	Yes (2) - Measures detailed within the article. Used validated outcome measure. Stakeholder consulted for feedback on survey construction
	2.6. Is the setting applicable to the UK?	Yes (2) - Glasgow mental health services	No (0) - all participants interpreting in non-English languages for the Red Cross charity.	Yes (2) - US sample within the mid-west interpreting in English. Interpreting in situations that are representative of UK public services.

3. Outcomes	3.1. Were the outcome measures and procedures reliable?	No (0) - No validated outcome measures. Survey covered subjective measures such as emotional distress, impact on relationships, support systems accessed.	No (0) – No validated outcome measures. Subjective measures (analogue scales) utilised to quantify subjective feelings and 'symptoms'. The direction of the analogue scales for quantification of feelings is not recorded, just that it ranges from 0-100.	Yes (2) - Validated outcome measure: ProQOL (Stamm, 2010) to assess professional quality of life. Single item used to assess trauma history.
	3.2. Were the outcome measurements complete?	Can't tell (1) - Completion rates for each survey question not reported	Yes (2) - one case was excluded from the analysis due to incomplete data	Yes (2) - one case was dropped due to incomplete data.
	3.3. Were all important outcomes assessed?	Yes (2) – as indicated by existing literature	No (0) - appears to focus on emotions and three potential symptoms only.	Yes (2) - ProQOL covers burnout, secondary stress as indicated by existing literature
	3.4. Was there a similar follow-up time in exposure and comparison groups?	N/A	N/A	N/A
	3.5. Was follow-up time meaningful?	N/A - no follow-up	N/A - no follow-up	N/A - no follow-up.
4. Analyses	4.1. Was the study sufficiently powered to detect an effect if one exists?	No (0) - Small sample of 18. Only summary statistics provided	No (0) - Small sample of 18. Only summary statistics provided.	Can't tell (1) - no power statistics provided.
	4.2. Were multiple explanatory variables considered in the analyses?	No (0) – only interpreting experience considered, did not report demographics or culture/language	Yes (2) – gender, age, marital status, nationality, educational level reported as part of summary statistics	Yes (2) - gender, trauma history, refugee status included in regression analysis.
	4.3. Were the analytical methods appropriate?	Yes (2) - Summary statistics for quantitative questions and grounded theory utilised for open-ended questions.	No (0) - Summary statistics provided only. Unclear what medians presented within the results tables mean (intensity or frequency of emotion) –not reported within narrative of results.	Yes (2) - Summary statistics provided, along with t-tests to determine significant deviations from ProQOL norms. Regression analysis for potential associations.
	4.4. Was the precision of association given or calculable? Is association meaningful?	N/A - No associations reported	No (0) - It is noted that the proportion of interpreters experiencing symptoms and painful feelings increased with the number of sessions with victims of violence, but no statistical analyses were conducted.	Yes (2) - Regression analyses indicated that there were no significant relationships. Statistical tables provided and theoretical relevance discussed.

5. Summary	5.1. Are the study results internally valid (i.e. unbiased)?	No (0) - Potential biases present given small sample, low response rate indicating potential selection bias. Subjective measures used rather than validated outcome.	Can't tell (1) – unclear what direction or construct linear analogue scales were measuring. Small sample, but only 3 declined to participate so selection bias minimal.	Can't tell (1) – used validated measure of phenomenon in question. Selection bias may be present given snowball sampling.
	5.2. Are the results generalizable to the source population (i.e. externally valid)?	Can't tell (1) - Small sample, unclear if sample representative of interpreter population as no age, gender or nationality reported.	Can't tell (1) – small sample, the source population was not defined so unclear if result generalizable to wider interpreter population in Switzerland	Can't tell (1) – authors acknowledge that the use of snowball sampling prevented identification of the sampling frame
	<b>Total quality score</b>	<b>16/30</b>	<b>13/32</b>	<b>26/32</b>

## **Appendix E: Extract from Reflective Journal**

### **December 2013**

Met with Rosemary and the research gatekeepers today about the interpreting research. I have to say I found myself feeling quite excited about it, and a little nervous. It is very exciting to be working with people who are passionate about the research, but I can't help feeling a pressure of 'doing this well'.

Attended an interpreting workshop today facilitated by the research gatekeepers. It was a real insight into the work of the public service interpreter. I wonder if I'm making my research too narrow if I just focus on one service. The reality of public service interpreting seems to be that they work across a variety of settings, sometimes more than one in a day.

### **May 2014**

Completed the pilot interview today. I wasn't prepared for the emotion within the room - it really hit me, even though I'm used to hearing people's stories of trauma on a regular basis. I think it's because it was outside of a clinical situation, even though I knew I was asking about emotional experience and therefore it was going to be talked about. Even though I knew about all the different services public services can work across, I was still shocked when I was being told about stillbirths, having to tell someone they're dying about cancer, suspecting human trafficking but not having anywhere for that opinion to go. It really made me think - if I have this reaction when I already work within public services and have been exposed to people's traumatic stories, what must it be like for interpreters who go into it thinking that they are going to help someone communicate and are likely to have had no experience of working with people in emotional distress.

I felt that the interview went well though, lots of rich information about the emotional and psychological experience. I couldn't help being reminded of the vicarious trauma literature I've been reading for the purposes of my research proposal, with both negative emotional (sadness, anger) and psychological (cynicism) experiences being described. The only thing that does worry me is the fact that the participant found it difficult to describe longer-term change. I wonder if this is going to be something that participants are going to find difficult if they are not used to reflecting on these types of experiences?

### **August 2014**

Gained ethics approval. I am so excited to be able to get the ball rolling on this research.

### **11<sup>th</sup> September 2014**

Completed my first official interview today after ethics approval. I've had 10 responses so far which is very exciting, but it is proving difficult to arrange a concrete time and place given the freelance nature of the work. I'm worried this might affect recruitment, especially as they are essentially losing out on an hour's paid work by engaging in an interview with me. It does make me think that my sample will be people who are highly motivated to talk about the emotional and psychological experience of interpreting. That said, today's participant was someone who reported that they were not affected emotionally by their work. Instead, they described longer-term positive changes, such as being more open-minded and appreciating what they have in life. I wonder if this is some form of posttraumatic growth? The interview made me think a lot about resilience and coping - this participant clearly had a mindful approach to life (but did not name it that way because it seemed to be just a natural part of their personality).

I found myself panicking after the interview, because there was such a difference between the pilot interview and this interview. It makes me wonder if I'm going to find any themes - or maybe that might be the theme, that interpreters have very individual experiences of public

service interpreting? Now I've had time to think about it though, there were some commonalities worth following up in future interviews – the impact of seeing the client on more than one occasion has been talked about by both participants (emotions getting stronger, gaining extra information, developing a relationship – empathy?) and both used analogies to describe how they leave their interpreting work behind them when they come home from work – is there something about not letting the professional contaminate the personal?

### **25<sup>TH</sup> September 2014**

Spoke to people who are currently completing the interpreting courses today. They all seemed really interested. Hopefully this will provide me with some participants, as I completed my last interview yesterday (number 5) of the participants who have replied so far. Now is a perfect time for a break from interviewing anyway, I think. All five interviews have seemed different in the moment, but then while completing my journal afterwards and coding, some really strong themes have come through. I wonder if now is the time to sit back, do some higher order analysis and then come back to interviewing with an idea of the emerging themes and what information is missing or could be richer from these.

### **October 2014**

I had three interviews in very short succession (a day or two in between) at the end of September and it really surprised me how much it affected me hearing those stories again while transcribing them. There were at least three traumatic incidents described in each interview (rape, stillbirths, gang-victimisation, etc.) which was a lot to hear about repeatedly in a couple of weeks. At the same time, it has amazed me how participants so far have been able to find their own coping strategies, with little or no supervision. I find myself becoming quite impassioned about the need to highlight the support needs for the interpreting population and it mirrors the feelings I have when I work with service-users – my desire to help them have their stories heard. I've tried to consciously remember this potential bias while completing my initial analysis and during my decision-making about what questions to pursue in later interviews.

### **February 2015**

Just completed my ninth interview. It's a relief that the last two interviews have not introduced any new themes. It feels like I've reached saturation in terms of the themes that have been identified, and the last two interviews have added richness to the emerging themes but nothing new. What has really struck me is how the experiences of interpreters on the face of it can be so different, but through the deeper exploration allowed by the semi-structured interview process and the methodology I have chosen which allows me to build on themes from previous interviews, one can see the impact of these experiences is very similar. I'm feeling excited, if also a bit overwhelmed, to be at a stage where I can begin to bring this information into an overarching theory.

### **April 2015**

Met with two other trainees today to discuss our research findings and our experience of using grounded theory as our research approach. It was such a relief to see that we all had followed a similar process, despite the fact that our studies are in such different areas. It was also a relief to find that my research findings appeared to have resonance with readers who have very little knowledge of the work of public service interpreters. I'm excited about my results. I'm in the process of writing my introduction and, again, I'm relieved that the theoretical concepts used to describe phenomena such as vicarious trauma and vicarious posttraumatic growth appear to reflect the theory that I have developed from participants' data. I'm really looking forward to making these links in the discussion – it will help the identification of support systems given that research can be drawn upon from other professional groups.



## **Appendix F: The Development of the Semi-Structured Interview Schedules**

### **Initial Interview Schedule**

Thanks for meeting with me today.

I want to speak to you today about your experiences of interpreting within public service settings. I'll be asking you to talk about the positive or negative experiences you have had and the impact these have had on you. As you know from the information sheet we just went through, the interview will take about an hour and will be recorded and then typed up so it is anonymous.

Let me know if you want to take a break or stop the interview at any time and we can do this. If you find yourself getting upset, please tell me and we can talk about whether you would like to carry on. If you talk about specific examples, please change people's names to protect their confidentiality.

### **General Experience of Interpreting**

**First, I thought it would be useful if we talked about your general experience of interpreting. How did you decide to become an interpreter?**

- What drew you to interpreting as a profession?
- What kinds of settings have you interpreted in?
- What kinds of challenges or rewards have you come across in your work as an interpreter?
- Is there such a thing as a typical interpreting session?
- What professional stance do you as an interpreter have to hold during a session?

### **Experiences within the session**

**Are there particular situations that you come across as an interpreter that impact on you more than others?**

- What feelings do you experience during these situations?
- What thoughts are you aware of?
- How do these thoughts and feelings impact on your ability to interpret for the person within the session?
- Are these thoughts and feelings likely to stay with you after the session has finished? Can you tell me a bit more about that?

### **Specific questions surrounding trauma:**

**How often do you interpret accounts that are upsetting for the person who experienced it or for the people hearing about it?**

- What kinds of experiences like this have you interpreted?
- What proportion of these are likely to upset you?

- Are there particular experiences like these that have had an effect on you more than others?
- Would you be able to tell me about a time when this happened to you?
  - What were your feelings during the session?
  - Were you aware of any thoughts?
  - How long were you left with these thoughts and feelings?
  - Did these thoughts and feelings change over time? In what way?
  - What did you do to cope?
  - Why do you think that particular situation impacted on you so much?
  - Did it remind you of anything you had experienced yourself?
  - Were there any positives you were able to take from the situation, either during or after the session?
- What are the challenges and rewards of interpreting such experiences?

### **Coping Strategies**

**You've told me about the thoughts and feelings that can occur for you during and after an interpreting session. Can you tell me what you do to cope with these thoughts and feelings?**

- Are there things that you do to help yourself feel better?
- Are there people you talk to?
- Is there anything you think might be useful but isn't available?

### **Longer-term impact of interpreting**

**Thinking about when you first began working as an interpreter and your work as an interpreter now, how have your thoughts and feelings changed over time when faced with experiences like the ones you have talked about in this interview?**

- Can you describe any differences in your reactions within the room?
- Have your attitudes towards your job as an interpreter changed?
- Have you noticed a change in the way you think about yourself?
- Have you noticed a change in the way you behave?
- Have you noticed a change in the way you prioritise things in your life?
- Could you tell me about any changes in the way you view society or the world in general?
- Have your relationships with people who are close to you, such as your partner, your children, family, or close friends changed?
- What do you think has contributed to these changes?

### **Ending**

**Thank you for taking the time to complete this interview.**

- Is there anything that you would like to add that you feel we haven't covered?
- Is there anything that you would have liked me to ask that I didn't or anything you felt was important to say but didn't get a chance?

## **Adapted Interview Schedule**

*(after interviews 1-5)*

Thanks for meeting with me today.

I want to speak to you today about your experiences of interpreting within public service settings. I'll be asking you to talk about the positive or negative experiences you have had and the impact these have had on you. As you know from the information sheet we just went through, the interview will take about an hour and will be recorded and then typed up so it is anonymous.

Let me know if you want to take a break or stop the interview at any time and we can do this. If you find yourself getting upset, please tell me and we can talk about whether you would like to carry on. If you talk about specific examples, please change people's names to protect their confidentiality.

### **General Experience of Interpreting**

**First, I thought it would be useful if we talked about your general experience of interpreting. How did you decide to become an interpreter?**

- What drew you to interpreting as a profession?
- What kinds of challenges or rewards have you come across in your work as an interpreter?

### **Experiences within the session**

**Are there particular situations that you come across as an interpreter that impact on you more than others?**

- *What do you think it is about these situations that affects you more than others?*
- *I can see that you have interpreted in several settings. What impact does the setting have on your emotional experience of the interpreting assignment?*
- *What are the most rewarding situations you have come across?*
- *Some interpreters have talked about how the number of times they see a client affecting the degree to which they are emotionally impacted by the work. Is this something that resonates with you? In what way?*

### **Specific questions surrounding trauma:**

**How often do you interpret accounts that are upsetting for the person who experienced it or for the people hearing about it?**

- What kinds of experiences like this have you interpreted?
- What proportion of these are likely to upset you?
- Are there particular experiences like these that have had an effect on you more than others?
- Would you be able to tell me about a time when this happened to you?

- What were your feelings during the session?
  - Were you aware of any thoughts?
  - How long were you left with these thoughts and feelings?
  - Did these thoughts and feelings change over time? In what way?
  - What did you do to cope?
  - Why do you think that particular situation impacted on you so much?
  - Did it remind you of anything you had experienced yourself?
  - Were there any positives you were able to take from the situation, either during or after the session?
- What are the challenges and rewards of interpreting such experiences?

#### Professional code of conduct/training

*Do you find your code of conduct is helpful when considering the emotional impact of your work?*

*What aspects of the code of conduct help you deal with the emotional impact of interpreting in public service settings?*

*Has completing the DPSI course changed the way you think about/experience the emotional impact of your interpreting within public services?*

#### Coping Strategies

**You've told me about the thoughts and feelings that can occur for you during and after an interpreting session. Can you tell me what you do to cope with these thoughts and feelings?**

- Are there things that you do to help yourself feel better?
- Are there people you talk to?
  - interpreters
  - family
- Is there anything you think might be useful but isn't available or that you haven't felt able to access?

#### Longer-term impact of interpreting

**Thinking about when you first began working as an interpreter and your work as an interpreter now, how have your thoughts and feelings changed over time when faced with experiences like the ones you have talked about in this interview?**

- Can you describe any differences in your reactions within the room?
- Have your attitudes towards your job as an interpreter changed?
- Have you noticed a change in the way you think about yourself?
- Have you noticed a change in the way you behave?
- Have you noticed a change in the way you prioritise things in your life?

- Could you tell me about any changes in the way you view society or the world in general?
- Have your relationships with people who are close to you, such as your partner, your children, family, or close friends changed?
- What do you think has contributed to these changes?

### **Ending**

**Thank you for taking the time to complete this interview.**

- Is there anything that you would like to add that you feel we haven't covered?
- Is there anything that you would have liked me to ask that I didn't or anything you felt was important to say but didn't get a chance?

## **Appendix G: Ethics Approval**

### Ethics Feedback - EC.14.07.01.3816R

psychethics

Wed 06/08/2014 12:33

To: Gemma Roberts <RobertsGE@cardiff.ac.uk>;

Cc: Rosemary Jenkins (Cardiff and Vale UHB - Psychology Training South Wales) <Rosemary.Jenkins3@wales.nhs.uk>;

Dear Gemma,

The Chair of the Ethics Committee has considered your revised project proposal.

The project has now been approved.

Please note that if any further changes are made to the above project then you must notify the Ethics Committee.

Best wishes,  
Natalie

School of Psychology Research Ethics Committee  
Tower Building  
Park Place  
CARDIFF  
CF10 3AT

Ffon/Telephone: +44 (0) 29 2087 0360  
Ffacs/Fax: +44 (0) 29 2087 4858

<http://psych.cf.ac.uk/aboutus/ethics.html>

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## **Appendix H: Participant Information Sheet**



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School of Psychology  
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology  
De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol



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70 Park Place  
Cardiff CF10 3AT  
Wales UK  
[www.psych.cf.ac.uk](http://www.psych.cf.ac.uk)  
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Adellad y Tŵr  
70 Plas y Parc  
Caerdydd CF10 3AT  
Cymru Y Deyrnas Unedig

### **Participant Information Sheet**

Version 2.0.

Title of Study: Exploring the emotional impact of public service interpreting

Principal Investigator: Gemma Roberts, Trainee Clinical Psychologist

Supervisors: Rosemary Jenkins, Consultant Clinical Psychologist (principal lead)  
Neil Frude, Consultant Clinical Psychologist (research director)

Contact Details: South Wales Doctoral Programme in Clinical Psychology  
11<sup>th</sup> Floor, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT

*email:* RobertsGE@cardiff.ac.uk

*telephone:* 02920 870582

I would like to invite you to take part in my research study. My name is Gemma Roberts. I am a trainee clinical psychologist and as partial fulfilment of my doctorate in clinical psychology I have to undertake a research project. The study aims to explore the experiences of interpreters who work within public service settings. Before you decide if you would like to take part, I would like you to understand why the research is being done and what it would involve for you. Please read through the information below so you can decide if you want to take part. If you have any questions, please contact me using the above details. I will go through this again with you and answer any questions you may have before an interview is conducted.

*Thank you for taking the time to read this information.*

### **What is the purpose of the study?**

This study aims to explore the emotional impact of interpreting in public service settings. I want to know about the experiences interpreters have had when interpreting in public service settings and the effects (positive or negative) these experiences might have had on the interpreter. I hope that information from this study will help to understand the impact of interpreting in public service settings and inform how people and services think about this in the future.

**Why have I been invited?**

You have been chosen because you are currently working as a public service interpreter. I want to talk to people who have been working as a professional interpreter (i.e. are being paid) for at least two years and who are currently interpreting on a regular basis (at least monthly). I am hoping to interview 12 people in total.

**What will I have to do?**

If you decided to take part, I will contact you to arrange an interview at a time and location convenient for you. I will go through this information sheet with you again. If you still want to go ahead with the interview, you will then be asked to sign a consent form.

The interview will last approximately an hour. You will be asked to talk about your experiences of interpreting in public service settings. Interviews will be held in a private room and last about an hour. Interviews will be audio-taped and transcribed by me onto encrypted electronic documents so that they are anonymous. Interview recordings and transcriptions will be stored on a password-protected computer and deleted after the study finishes.

**What will happen to information I provide?**

The information you provide will be anonymised then analysed with information provided by other participants. I will look for common themes and differences in this information and the results will be written into a report submitted as part of the course requirements. The study may also be published in other formats, such as an academic journal article. If you wish to receive a summary of the results of the study, please let me know and I will send you this once the study is completed.

I may also invite you to a focus group to discuss the common themes and differences identified during analysis of interview information. This is to ensure that the results are an accurate reflection of interpreters' experiences of working within public services. The group will consist of a maximum of 8 public services interpreters and will last approximately an hour. It will be recorded and transcribed using the same procedures as described in this information sheet to ensure anonymity. Please tick the relevant box on the consent form if you wish to be contacted about this group. It will not affect your participation in this interview if you indicate that you do not wish to take part in the focus group.

**Will information I provide be kept confidential?**

All information will be kept confidential so that it cannot be identified by anyone other than me. The only time your information will not be kept confidential is if you said something in the interview that meant that you or someone else was at risk. For example, if you said that you wanted to harm yourself or that someone else was at risk of harm, this information would be discussed with my supervisors and shared with appropriate agencies.

The consent form that you sign will be kept in a locked filing cabinet in the Cardiff University Psychology Department. This is the only form that will have your name on it. Interview recordings will be password-protected and deleted when the transcript has been typed. All names and other identifiers, such as place names or services, will be changed in the transcript to ensure anonymity. At the beginning of the interview, I will ask you not to use real names of people you have worked with as an interpreter. All identifiers relating to these will also be changed. Quotes from interviews will be used in the study report but will be taken from the anonymised transcripts and a made-up name used to protect your identity. Once the interview recording has been deleted, all information that you have provided will be completely anonymised and will not be able to be tracked back to you. Therefore you can ask for your interview to be withdrawn up until the point at which the interview recording has been deleted, after which it will not be possible to identify your interview data as it will not include your name.



**Do I have to take part?**

It is entirely up to you to decide to take part in this study. Please ask me if you have any questions. If you decide to take part, you will be asked to complete a consent form. You can withdraw from the interview at any time without giving reason. You can also ask to withdraw your interview up until the point at which the interview recording is deleted.

**What are the potential benefits and disadvantages of taking part?**

I hope that you will find it interesting to talk about your experiences of interpreting in public services. However, we may talk about things that you find stressful. You don't have to talk about anything that you do not want to and we can stop the interview if you find yourself becoming upset. You may not get direct benefit from taking part in the interview, but it is hoped that information gained in this study can inform the way services work with and provide support to interpreters who work in public service settings.

**Who has said that the study is okay to go ahead?**

This study has been reviewed and approved by the School of Psychology Research Ethics Committee at Cardiff University. If you have any concerns or complaints about the research you can contact them at:

Secretary to the Research Ethics Committee  
School of Psychology  
Tower Building  
70 Park Place  
Cardiff  
CF10 3AT

psychethics@cardiff.ac.uk

If you would like to take part in the study, please contact me and I will arrange an interview time and date that is appropriate for you:

*Email:* RobertsGE@cardiff.ac.uk

*Phone number:* 02920 870582 (please leave a message if necessary)

## Appendix I: Participant Consent Form



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Ysgol Seicoleg

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### CONSENT FORM

Version 2.0.

Title of Study: Exploring the emotional impact of public service interpreting

Principal Investigator: Gemma Roberts, Trainee Clinical Psychologist

Supervisors: Dr Rosemary Jenkins, Consultant Clinical Psychologist (principal lead)  
Neil Frude, Consultant Clinical Psychologist (research director)

1. I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation in this project will involve me talking about my experiences of interpreting. This will last about an hour.	
3. I understand that participation in this study is entirely voluntary and that I can withdraw from the study without giving a reason. I can withdraw my interview until the interview recording is deleted, at which point all information is completely anonymised.	
4. I understand that I am free to ask any questions at any time. I can discuss any concerns with Rosemary Jenkins or Neil Frude.	
5. I understand that information provided by me will be held securely. The information will be destroyed once the study is complete.	
6. I understand the interview will be recorded and transcribed. The recording will be destroyed after transcription and the transcription will be anonymised so that information cannot be traced back to me.	
7. I understand that information I provide may be quoted in the study report and/or any other publications but that this will be anonymised.	
8. I understand that the researcher will discuss information with the clinical supervisor if I disclosed something that might indicate that either I or someone else may be at risk.	
9. I understand that if I feel distressed during the interview I can ask to stop. I can also discuss other avenues of support with the researcher.	
10. I also understand that at the end of the study I will be provided with additional information and feedback about the purpose of the study.	
11. I confirm that I would like to be contacted about participating in a focus group that will involve discussing the initial findings of the study. <b>It will not affect your participation in this interview if you decide not to take part in the focus group.</b>	

I, ..... (NAME) consent to participate in the study conducted  
by Gemma Roberts, School of Psychology, Cardiff University with the supervision of  
Rosemary Jenkins and Neil Frude

Signed.....

Date.....

Signature of person taking consent.....

Date.....

## Appendix J: Participant Debriefing Form



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Cymru Y Deyrnas Unedig

### Debriefing Sheet

Version 2.0.

Title of Study: *Exploring the emotional impact of public service interpreting*

### **Thank you for taking part in this study.**

This study aims to explore the impact of working with people who have experienced upsetting events in public service interpreters. Research has shown that other professionals who work with people who have experienced upsetting events can experience long-term effects from working in these situations. These can include experiencing difficult emotions and/or a shift in beliefs they hold about themselves, the world or others. We hope that this study will help us understand the effects interpreters can experience as a result of their work within public service settings.

The information you have provided will now be analysed with information from other interviews to reveal any common themes or differences. It is hoped that the results of this analysis will inform future practice and support systems for public service interpreters such as the development of services that interpreters can access for support and guidelines for professionals who work with interpreters.

*If the interview has distressed you in any way, please contact us so we can help you find extra support.*

As described previously, the interview will be transcribed anonymously into a password-protected document and the recording destroyed once the transcription is completed. Your demographics checklist will also be kept anonymously. The consent form you signed will be kept in a locked cabinet in the South Wales Doctoral Programme in Clinical Psychology office at Cardiff University. You can withdraw from participation in this study until the interview is transcribed, at which point it will become anonymous.

If you wish to have further information about the results of this study upon completion, please contact Gemma Roberts. She will provide you with a summary of the results when they are available.

If you have any further questions or comments, please contact Gemma or Rosemary:

#### **Researcher:**

Gemma Roberts  
Trainee Clinical Psychologist

#### **Clinical Supervisor:**

Dr. Rosemary Jenkins  
Consultant Clinical Psychologist

[RobertsGE@cardiff.ac.uk](mailto:RobertsGE@cardiff.ac.uk)  
02920 870582

[Rosemary.Jenkins3@wales.nhs.uk](mailto:Rosemary.Jenkins3@wales.nhs.uk)  
02920 870582

South Wales Doctoral Programme in Clinical Psychology,  
11<sup>th</sup> Floor, School of Psychology, Tower Building,  
70 Park Place, Cardiff, CF10 3AT

If you have any concerns or complaints about the research you can contact the School of Psychology Research Ethics Committee in writing at:

Secretary to the Research Ethics Committee  
School of Psychology  
Tower Building  
70 Park Place  
Cardiff  
CF10 3AT

[psychethics@cardiff.ac.uk](mailto:psychethics@cardiff.ac.uk)

## Appendix K: Gatekeeper Letter

Cardiff Centre for Lifelong Learning  
Co-Deans of Lifelong Learning Dr Catherine Chabert & Dr Zbig Sobiesierski  
*Canolfan Caerdydd ar gyfer Addysg Gydol Oes*  
*Cyd-Ddeoniaid Addysg Gydol Oes Y Dr Catherine Chabert & Dr Zbig Sobiesierski*



Public Service Interpreting programme  
Cardiff Centre for Lifelong Learning  
Senghennydd Road  
Cardiff  
CF24 4AG

Telephone: 02920 875268

Cardiff University  
Senghennydd Road  
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Tel Ffôn +44(0)29 2087 0000  
Fax Ffacs +44(0)29 2066 8935  
www.cardiff.ac.uk/learn/  
Email learn@cardiff.ac.uk  
E-bost dysgu@caerdydd.ac.uk  
Prifysgol Caerdydd  
Senghennydd Road  
Caerdydd CF24 4AG  
Cymru, Y Deyrnas Unedig

12/06/2014

To Whom It May Concern,

**Re: Research project on emotional impact of interpreting by Gemma Roberts**

I hereby confirm that the Public Service Interpreting programme is aware of the proposed research project: *'The emotional impact of public service interpreting'* which is to be conducted by Gemma Roberts as part of her doctorate in clinical psychology training requirements.

I have been in contact with Gemma throughout the design of this study and will remain so throughout the duration of the project. I therefore consent to the access of participants via our Interpreting courses and the use of our premises to facilitate interviews if this is required.

If you require any further information please do not hesitate to contact me.

Yours Sincerely,



Academic Lead- Public Service Interpreting

## Appendix L: Participant Demographic Checklist

### Demographics Checklist

- Participant ID:
- Date of Interview:
- Age:
- Gender:
- Country of Origin:
- Languages Interpreted:
- Number of years working professionally as an interpreter:
- Public service settings in which worked as an interpreter:

Police		Courts	
NHS hospitals		NHS outpatients	
Mental health		Social services	
Legal work		Probation Service	
Housing		Local Education	
Other (please specify).....			

## **Appendix M: Initial Coding of Transcripts (Extract)**

### ***Extract One: Interview Three, Lee***

<b>Interview Text</b>	<b>Initial Coding</b>
<p>I: So is crying for you a kind of release?</p> <p>P: Yeah, yeah. It makes you feel a bit better, yeah. Sometimes it can help, it's just, how many times I have to really, really hold back and not to cry during the assignment and they, sometimes they really, the other week, there was a girl having her teeth pulled out and she had to be put in general anaesthetic and her mum, she was so scared and she, she was really scared of that, that something gonna go wrong and she cried then and she, I don't know, I felt that here, oh god I'm gonna cry with her. And I think no, I won't, I won't but yeah. And you do feel like you want to comfort the people but then, you know, where is the line that you can. I did comfort once a patient where he found out that he was, he had the cancer, the cancer and it was really serious. It was, yeah, malignant. There wasn't no-one there to comfort him and I just, you know, I just gave him a hug and said I hope you're gonna be okay. And I think that's fine, I think that's, people need that sometimes and I can be professional but then I'm human as well and people need, yeah, need you sometimes to be there, more soft and less like a professional and just, yeah, everything's going to be okay. I still keep in touch with the patient, he's gone back to {names country} and he decide he's gonna die there so yeah, he finish, there wasn't any operations, any chemo, he's just dying there, so. Yeah, but it was, I wouldn't, I was with him through the whole process. From the very first day when they done first tests, when he found out he got cancer, we went for chemo quite a few times and eight hours in {names local hospital} surrounded by, by chemo and people with cancer and, yeah it was a long journey for quite a few months, long journey. Yeah, that was, that was quite difficult and I remember one, I saw him one week then I saw him about 10 days later and he changed so much and, yeah, I thought, oh, and you know, you can't really, you shouldn't really think oh he, he looks different than 10 days ago cos that, that's not part of your job really. But it, it, I had the impact on you and you think oh will I see him next week and yeah, so you do, yeah. I don't, I try not to get close to people and sometimes, sometimes it's impossible, sometimes it's just, yeah.</p> <p>I: Do you think it makes it harder, the fact that you, when you see people over more than one interpreting session compared to when you just see them on a one-off?</p> <p>P: It is much, yes, yes. I had one, I was, I was interpreting when they asked me first to interpret at the hospital, no it was solicitor first and then they asked me if she had supervised visits mum with the girl, she was in intensive care, 6 weeks old, little baby. She had the shaken baby syndrome. And I was there every day for three hours and I could see I was getting attached to the baby and I felt really sorry for the baby and, and I was there for about three weeks every day and I ended up just helping mum do things for the baby and I thought that's not professional, that's, I'm crossing the line big time and, yes, then the solicitor asked me, cos</p>	<p>Crying afterwards</p> <p>Holding self during session</p> <p>Sharing feelings with client</p> <p>Wanting to comfort clients</p> <p>Cancer</p> <p>Trying to give comfort</p> <p>'I'm a human being'</p> <p>Tension between being professional and being human</p> <p>Keeping in touch with the client</p> <p>Cancer – dying</p> <p>Seeing the client on more than one occasion – difficult</p> <p>Seeing change in client over time</p> <p>Trying not to get close (not always possible)</p> <p>Children – ill health</p> <p>Becoming attached</p> <p>Feeling sorry for the client</p> <p>'Crossing the line'</p>



<p>they wanted me to interpret in the court and they said it would be better if I just interpret for them as a legal part and leave the hospital to someone else who would do that job. And that's what happened and I thought thank god. And I felt like I'm trapped there cos mum always wanted me to be there</p> <p>I: So you felt like you couldn't say no?</p> <p>P: And mum, she was always asking me oh will you be tomorrow then? Like yes, yes, so they were booking me for a week every day and I felt like I was really trapped and thankfully the solicitor said no, this is too much, you know, it's, it shouldn't be like that. You should stay on one side so, yeah, I just stayed with the solicitor and court, so yeah you can attached and I'm really softy sometimes and I feel sorry for people and I can cry with everyone suffering but you have to, you have to be strong and you have to just remember that this is your job, this is, yeah, you will have to treat this as a job. So yes, yeah, with the baby, I forgot about that. I got really attached to her, I was really happy to see her every day, like hello. That, no, that was really not the right thing to do.</p> <p>I: And you said you felt trapped, did you feel like you could go to someone about that feeling of being trapped?</p> <p>P: I felt like I'm gonna disappoint the mum if I'm not there.</p> <p>I: Okay</p> <p>P: And that was the trap really, that I felt that I'd just fallen into, and that was the decision of, that her solicitor as well and she said well now I'm gonna interpret during, you know, meetings at the office and just leave the hospital and the mum and she understood. She wasn't happy, but she understood that, cos that's the only option really. And that was, that my way out of the trap, yeah.</p> <p>I: What do you think you would have done if you hadn't had that way out of the trap, would you have tried to speak to someone?</p> <p>P: No, I don't think I would. I think I would carry on doing that, yeah. I'm really glad, I'm really glad that they, they said it shouldn't be like that. I don't know how, what would have happened, I don't know. It was, I got attached to that baby so much. They were looking for foster parents and I asked my husband can we take the baby and we look after him. And I, yes, that's how badly it was really and my husband was no, no, we've got three children, two really little ones, we can't have a another baby who's disabled, you know. She was blind and it was, yeah, she had to have physio every day and he said so what you're not gonna go to work anymore? No, I still will go to work, well who's going to look after the baby? Right, yeah, that's not, that's not good idea. I cried over that, I thought I can't have her and I can't help her and yeah. So, I, I, I should stay away from this kind of assignment, I think, with the babies. Especially, I think they're hardest one when the child is involved and any domestic</p>	<p>Feeling trapped</p> <p>Feeling trapped</p> <p>Becoming attached Sharing feelings with client Reminding self of job</p> <p>'Not the right thing to do'</p> <p>Not wanting to disappoint the client</p> <p>Relying on other professionals to get out of the trap</p> <p>Becoming attached</p> <p>Wanting to help the client</p> <p>Talking to spouse</p> <p>Staying away from certain assignments</p>
---	--

<p>abuse or hospital. There was two cases when I had that, the shaking baby syndrome, two babies. And you go, you, you, because it's a really long process, six months in the court. So you, you can see the baby growing and, you know, the, and you just, you're just there in the back going, baby is 8 months now, she should be sitting up, she's still not sitting and you try to help, but you can't say it, you get involved I think. I don't know about other interpreters, I do, especially if there are children involved.</p> <p>I: Yeah</p> <p>P: You feel sorry for them because they're the most innocent, yeah. There's another thing really good about the job. Despite the fact that, that, you know, I've got a degree in {names subject}, the job really taught me to, not to be judgemental. I was interpreting at the police station and there a young man in his, his twenties and he was really aggressive, really towards everyone, towards me and everyone and everyone was, you know, no-really had any respect for him and then the nurse, the nurse came and she said there, there was psychiatric nurse, she wanted to assess him. And then we sat down with him and he was just telling us stories from his childhood, how he was abused and it all impact on your, on your life. You know, whatever happen in your childhood's gonna have impact on you in your adult world. And then I thought, you know, there is a reason why he's aggressive, why he, he's drinking so much and why he's being like he's being and I think that was the moment when I thought, no, I will never look at people like, oh, what are you doing? just, just stop. He's like that for a reason, so that's, that's a really, I really cherish that, that, that fact that I, I'm not judgemental anymore and I respect people, I respect people and whatever their circumstances are that's life, you can't really help what life brings you that's what you have, so yeah.</p>	<p>Children – difficult topic</p> <p>Seeing change in client over time</p> <p>Trying to help</p> <p>Feeling sorry for the client</p> <p>Learning not to be judgemental</p> <p>Aggressive clients</p> <p>Knowing the client's background</p> <p>Transferring lessons learned during assignments to personal life</p> <p>Cherishing personal change</p>
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**Extract Two: Interview Eight, Chris**

Interview Text	Initial Coding
<p>I: And have you, just coming back to what you said about you never know what you're going in to, have you ever had a brief before you've gone into a situation?</p> <p>P: Sometimes when I'm going for a difficult situation and I, I always try to get to places very early just to find out what setting I'm going to be in. I mean, when I'm being given just a ward number I try to look up so what's the ward, what's ward 34 in {names hospital} so I get there early. And sometimes when I was giving very bad news a couple of months back, I was waiting in a meeting room because I got there very early , it was like half an hour before the meeting started with the patient. So the nurse came and she said well it's, I can't tell you loads of information but I have to say that it's gonna be very bad news. So I sort of, I wasn't, I didn't know what the news is but I sort of, you know, you can prepare yourself for that. Although it's really difficult, how do you prepare for, you know, giving bad news? It's still very difficult but at least I was sort of told that, well, it's not great news, prepare to be sad. So just that, but otherwise, yeah, I'm not really given awful, I mean I'm not even sure what I'm doing today. I've got this appointment at 11 somewhere but what I'm doing, I'll just see.</p> <p>I: And did that change your experience in the room, kind of knowing that you're going there for bad news rather than going in blind and giving bad news?</p> <p>P: Yes, it definitely, definitely helped. I mean any piece of information helps. Even if I'm, if only I'm told at least the ward or at least what department, anything, anything always helps every single little piece of information always helps. So I always like that.</p> <p>I: So how, and this might be a difficult question to ask because you might not have thought about it, but how was it different do you think?</p> <p>P: When I was waiting there in that meeting room and obviously I was at oncology ward and I was told that I'm gonna be giving very bad news, you sort of know what it's gonna be. You know, you just join the dots I guess, it's not that difficult anyway. So I just, I just sort of thought what I was to think about when I'm telling the bad news so as to stop myself from being very emotional. Because I do, I'm a human being, you know, and I'm not, when I'm seeing those nurses in the wards, I mean, I, it's just, hats off to all of them. I don't know how they're doing it. I mean seeing all those kids, very ill, I still don't know how they're doing it, seriously. And I was asking them, I actually did ask a couple of nurses, how do you, seriously, how do you do it, how do you stop yourself from crying, but anyway. Yeah so I sort of prepared myself and I calm myself down, I try to tell myself well just distance yourself from it, it's not you, it's not your family, just stand back. But when you see it, when you're there it's still very difficult but at least you can sort of prepare yourself, try to distance yourself from the situation as much as you can, as much as possible I guess.</p>	<p>Preparation</p> <p>Giving bad news</p> <p>Receiving a brief</p> <p>Brief - helpful for preparation</p> <p>Self-talk</p> <p>Lack of briefs</p> <p>Brief - helpful for preparation</p> <p>'Joining the dots'</p> <p>Mental preparation</p> <p>'I'm a human being'</p> <p>Professionals as copers</p> <p>Self-talk</p> <p>Distancing oneself</p> <p>It's difficult in the moment</p>

<p>I: So kind of reminding yourself that it's not you kind of helps you cope in that situation?</p>	
<p>P: Yeah, but still, when I'm there on the spot, it's always me who is the person closest to the patient, no matter what. Because the doctor is English, they don't understand the patient so it's always me, even though I'm not supposed to be, well I'm supposed to impartial which I am and I'm trying to be but it's always, the bond between me and the patient is always stronger than between the doctor and the patient. It's just, I think even by the culture, even by the pure nationality, they're close to me because I can understand them they can say whatever they want and I will understand them, they can't say anything they want to doctor. So it's always, it's always difficult because even if I want to tell myself that, just try not to think about that, just try to distance yourself, just don't get attached it's just not always possible, especially when it's for example small children. It's always bad with small kids. So that's that I guess.</p>	<p>Closeness to client</p> <p>Trying to be impartial</p> <p>Sharing a culture and nationality with client</p> <p>Closeness to client</p> <p>Trying not to get attached</p> <p>Children - difficult topic</p>
<p>I: So it sounds like small children is a situation that affects you more than others.</p>	
<p>P: Absolutely. It just so, I mean I don't have kids and at the moment I'm quite glad because I think I would be even more emotional if you imagined that 'oh it could have been my kid' so I think it helps that I don't have any children although it sounds silly. Because when I was talking to my colleagues about that, I've been fairly frequently recently dealing with one very serious case on oncology ward in {names city} and when I was telling my colleague what I'm doing, that I'm going to hospital - I mean I never disclose any details but I can just tell that, saying sort of general things - she always say oh I wouldn't be able to do that because she's got a little, you know she's got a little son who is 4 and I know that, you know, it probably doesn't matter, you probably deal with it differently, I don't know, I mean I'm not, I think it might be slightly easier for me not having kids, going to hospital, especially children's hospital I think. I'm not sure, I mean, let's see when I've got kids how different that's gonna be, but that's what I've been told anyway by my colleagues, that they wouldn't, they wouldn't accept jobs like that, they wouldn't be able to distance themselves from the situation.</p>	<p>Role of shared experience</p> <p>Talking to other interpreters</p> <p>Confidentiality</p> <p>Distancing oneself</p>
<p>I: Are there any other situations that affect you more than others?</p>	
<p>P: I mean it always depends on the severity of the situation I guess, it's always. The worst case you get, the more difficult it gets obviously. I'm thinking of some specific.. I mean I've just got this one case in my head that I've been dealing with recently and I know, I had, I think oncology is the worst because it's just so, it can be so terminal and so, so suddenly and it's just horrible.</p>	<p>Emotion depends on degree of severity</p> <p>Cancer - difficult topic</p> <p>Cancer - association with death</p>

## **Appendix N: Example Memo**

### ***Memo One – Early memo-writing while transcribing an interview***

**Date of memo:** 07.09.14.

**Point of Analysis:** While transcribing second interview (Leslie)

Initial thoughts while transcribing:

- The social justice side of interpreting within public services – is this something that is a protective factor against burnout?
- Perception of self as part of the puzzle – what effect does this have on emotional experience? (contrasting with first participant who talked about his/her doubts in public services)
- Fighting to keep the code of conduct in the room and balancing this against the 'fragile working relationship' between interpreter and professional
- Time-pressure – balancing professional objectives over service constraints, within the political context of austerity (I need to ensure my own political beliefs do not colour my interpretation of interpreters' accounts of service constraints!!)
- The responsibility of 'getting it right' –how do service constraints and not being able to adhere to the code of conduct impact on this?
- Concentrating on the technical aspects of interpreting = less emotion during the assignment. This is very interesting and nothing I thought of before today, it would make sense in terms of the cognitive load of interpreting. I wonder if other interpreters will describe this - if so when does the emotion hit them?
- The impact of talking to clients outside of the assignment – this has been talked about in detail now by both participants. It seems to be about gaining extra information about the client, which increases emotional response. Worth further exploration.
- Confidentiality as a barrier to talking about difficult assignments afterwards – a barrier to letting go? Again, I need to be aware of my preconceptions about this, being in a profession that emphasises the value of talking therapies.
- The need for certainty – this seemed really important to Leslie, to the point where s/he wanted to record his/her sessions to check her performance.
- Compartmentalisation of personal and professional life – the interpreting box. The separation of personal and professional has been discussed twice now, I wonder if this is going to be a theme?
- The sadness and meanness of people – is this a possible change in worldview? Has been talked about in both interviews.

Implications for future interviews:

- How the emotional experience has changed over time – Long-term: shock at beginning vs what now? Short-term: during vs after an assignment.
- How do interpreters try to use the code of conduct? What do they see as its role? It's only been spoken about in terms of the difficulties of adhering to it in public services so far.
- Impact of knowing extra information about the client outside of the interpreting assignment – if other interpreters describe the same effects as Sam and Leslie, how do they make sense of this?

## ***Memo Two –The use of memo-writing to develop initial theories about an emerging theme***

**Date of memo:** 13.10.14

**Point of Analysis:** After initial coding of Interview 5 (Charlie)

**Specific Theme/Codes Explored:** Psychological Change/Personal Development

Codes that related to identified theme (from all five interviews)

- Becoming stronger
- Developing interpersonal skills
- Discovering new things about self
- Learning I can cope
- Becoming a more understanding person
- Gaining a wider perspective
- Putting things into perspective

These have been present throughout all the interviews so far. All participants have spoken about how they have developed in some way since they began interpreting. Nearly all are positive. One exception to this is 'I've become harder', which the participant attributed to a characteristic they have developed that has helped them cope with the emotional impact of interpreting.

I wonder if these codes pertain to posttraumatic growth – certainly topics like perceiving self as stronger and a person who can cope. The last two interviews have really focused on the positive changes that have occurred for the participants. Both Lee and Charlie described how they were grateful for their experiences as interpreters because they have helped them to appreciate the things that they have in their own lives. For Charlie in particular, the concept of learning from interpreting assignments and bringing this new knowledge into his/her personal life really came through strongly, particularly in relation to parenting. Charlie did not describe her/his emotional experiences as overwhelming and reported finding assignments with children the most difficult. I wonder if this learning from situations is a protective factor?

I'm reluctant to frame this theme in the words 'posttraumatic growth' for the analysis though – there are too many exceptions and it seems wider than that (appreciation for life, better relationships, changes in beliefs about certain groups of people, worldview, self). Perhaps a category within a larger theme encapsulating longer-term changes/psychological changes? Especially as beliefs about society and the world appear to be less positive – Sam, Leslie and Alex all talked about their beliefs about the world not being a nice place. I need to keep this in mind and consider negative changes within this theme.

Things to consider in future interviews:

- Resilience factors – learning from situations? (Charlie), mindfulness? (Leslie)
- Narratives on contributing factors to these changes – exposure to situations that would normally would not come across? Seeing patterns across assignments?
- How these changes relate to behaviour, relationships, priorities in life.



## Aims

- To provide an introduction to the effects of working with people who are in emotional distress
  - To discuss strategies that can be used to maintain emotional wellbeing
    - Self-care strategies
    - Organisational care, esp. peer supervision
  - Provide quotes from other interpreters to illustrate what they have done in relation to these
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